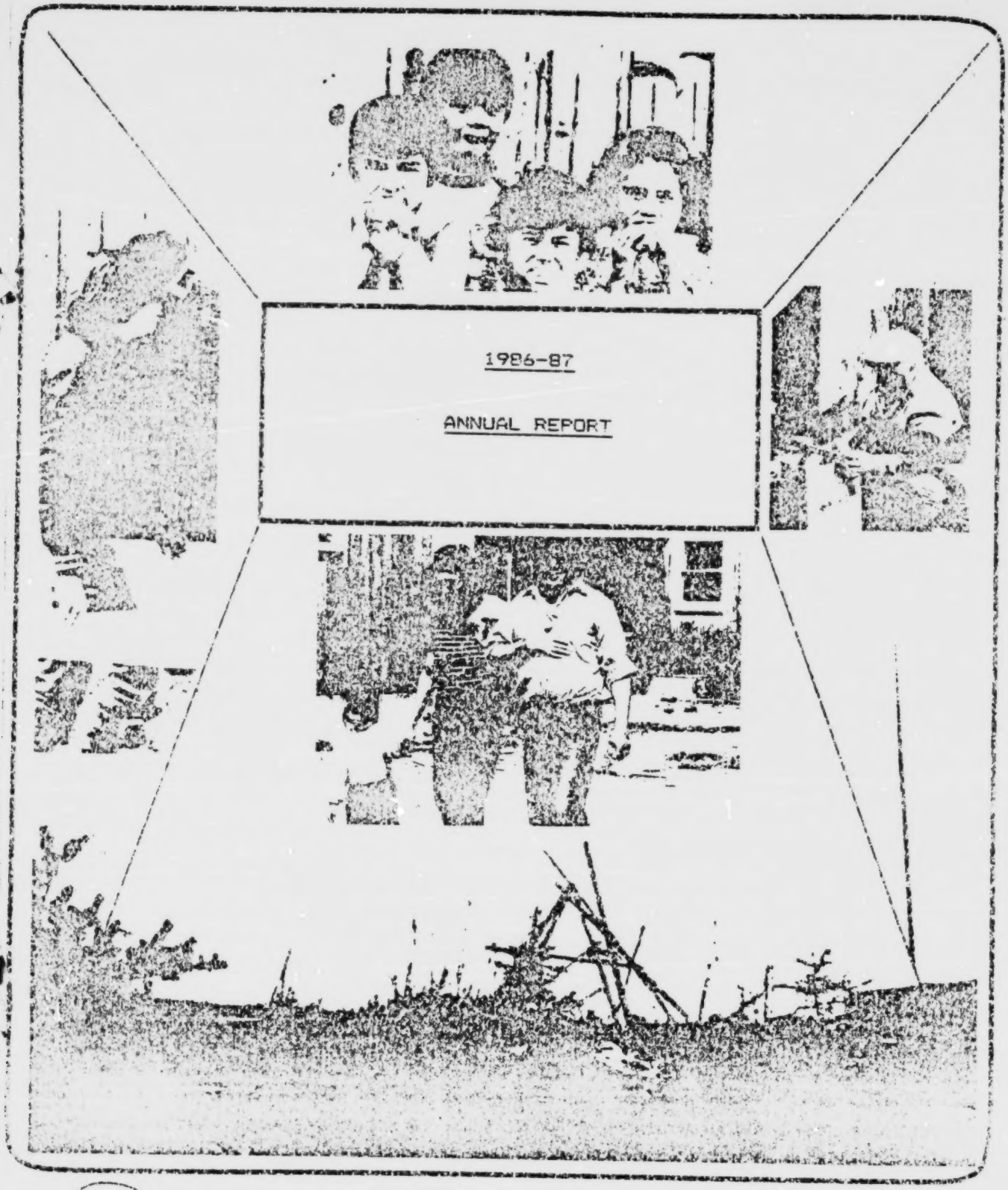
PARTS OF THE ORIGINAL DOCUMENT

ARE OF POOR REPRODUCTIVE QUALITY

CERTAINES PARTIES DU DOCUMENT ORIGINAL

SONT DE PIÈTRE QUALITÉ DE REPRODUCTION



1986-87

ANNUAL REPORT

Conseil Cri de la santé et des services sociaux de la Baie James

ᓀᐦᐃᔨᓂᐊᓕᓐ ᑲᔅ ᐃᒋᐃ ᐊᐃᐢ ᐊᓇᓂᑦᑕᒋᑲᓂᐅᑦ

Cree Board of Health and Social Services of James Bay

Conseil Cri de la santé et des services sociaux de la Baie James
ᓂᒋᔨᐢ ᑲᐢ ᐃᒋᐃ ᐊᐃᐢ ᐊᓇᑲᒋᑕᑲᓂᐅᑦ
Cree Board of Health and Social Services of James Bay

Chisasibi, June 26th, 1987

Mr. James Neacappo
Chairman
Cree Board of Health and
Social Services of James Bay
Chisasibi (Quebec)
J0M 1E0

Dear Mr. Chairman,

It gives me great pleasure to submit our 1986-87 annual report.

As you will notice upon reading the said annual report, our volume of activities has considerably increased during the 1986-87 year. Although it appears that we have a surplus of 2% this year, which was generated by a grant, 2 weeks after the end of the fiscal year, of $600,000, this does not mean that our resources are sufficient to ensure all the socio-sanitary services needed by our population.

1987-88 will be devoted, for the most part, to the strengthening of activities which pertain to the triennial programming, policies and procedures, and to restructuring.

Furthermore, we will continue to do everything in our power in order to increase our budget and consequently expand our services to the population.

Mr. Pierre Pichette
General Manager

PP/sd
encl.

TABLE OF CONTENTS

	Page
INTRODUCTION	1
Members of the Board of Directors	3
Members of the Administrative Committee	6
Members of the Audit Committee	6
Managerial personnel	7
GENERAL MANAGER'S REPORT	8
HEALTH SERVICES' ACTIVITY REPORT	13
Nursing Department	15
Professional Services	21
. Doctors in the Communities	22
. Family Medicine Programme	23
. Department of General Medicine	24
. Department of Dentistry	25
. Medical Records	29
. Laboratory	33
. Radiology	36
. Pharmacy	38
. Nutrition Programme	41
Community Health Clinics	42
Coordination - Community Health Programmes	48
SOCIAL SERVICES' ACTIVITY REPORT	59
Professional Services	62
Youth Protection	66
Institutional and Non-Institutional Resources Dept.	69
Alcohol and Drug Abuse Prevention Programme	76
CONSULTATIVE COMMITTEES	78
Council of Physicians, Dentists and Pharmacists (CPDP)	79
ADMINISTRATIVE SERVICES' ACTIVITY REPORT	80
Human Resources Department	83
Auxiliary Services	88
Coordination - Inland	94
Finance Department	97

INTRODUCTION

The James Bay and Northern Quebec Agreement, signed on November 11th, 1975, between the Governments of Canada and Quebec as well as the Grand Council of the Crees (of Quebec), anticipated the creation of a Cree Regional Board which would be responsible for the administration of appropriate health and social services for all people, either permanently or temporarily residing in Region 10-B.

The Order in Council 12-13-1978, dated April 20th, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions respecting health and social services, as defined by the Act, can also maintain public establishments in one or more of the following four (4) categories:

Local Community Service Centre
Hospital Centre
Social Service Centre
Reception Centre

The Cree Board of Health and Social Services of James Bay presently administers four public establishments, as well as seven Community Clinics situated in each Cree community of Region 10-B:

PUBLIC ESTABLISHMENTS

CHISASIBI HOSPITAL
Chisasibi
James Bay (Quebec)
JOM 1EO
Tel.: (819) 855-2844

WEESAPOU RECEPTION CENTRE
Chisasibi
James Bay (Quebec)
JOM 1EO
Tel.: (819) 855-2681

CREE SOCIAL SERVICE CENTRE
Chisasibi
James Bay (Quebec)
JOM 1EO
Tel.: (819) 855-2844

UPAAHCHIKUSH GROUP HOME
951 Moisan
Chibougamau (Quebec)
G8P 1M9
Tel.: (418) 748-4641

COMMUNITY CLINICS

Community Clinic of Whapmagoostui
Whapmagoostui
Hudson Bay (Quebec)
JOM 1GO
Tel.: (819) 929-3307

Community Clinic of Wemindji
Wemindji
James Bay (Quebec)
JOM 1LO
Tel.: (819) 978-0225

Community Clinic of Waskaganish
Waskaganish
James Bay (Quebec)
JOM 1RO
Tel.: (819) 895-8833

Community Clinic of Waswanipi
Waswanipi
James Bay (Quebec)
JOY 3CO
Tel.: (819) 753-2531

Community Clinic of Mistassini
Mistassini Lake, Baie du Poste
Via Chibougamau (Quebec)
GOW 1CO
Tel.: (418) 923-3376

Community Clinic of Eastmain
Eastmain
James Bay (Quebec)
JOM 1WO
Tel.: (819) 977-0241

Community Clinic of Nemaska
Champion Lake
C/O Camp Nemiskau (Quebec)
JOY 3BO
Tel.: (819) 673-2511

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE BOARD OF DIRECTORS
FROM APRIL 1ST, 1986 TO MARCH 31ST, 1987

One representative for each of the different Cree communities of the region usually served by the Regional Board, elected for three years from among and by the members of the community which he/she represents:

- Mr. Jimmy Neacappo[1]
  Chisasibi representative and Chairman
- Mr. Robert Weistche[2]
  Waskaganish representative and Vice-Chairman
- Mrs. Jane Blacksmith [3]
  Mistassini representative
- Mrs. Maggie Minister[4]
  Nemaska representative
- Mrs. Lily Sutherland[5]
  Waswanipi representative
- Mrs. Marjorie Mark[6]
  Wemindji representative
- Mrs. Vera George[7]
  Whapmagoostui representative

---

[1] Re-elected, his mandate will expire on April 19th, 1990.

[2] Elected on July 7th, 1986, his term of office will expire on April 19th, 1987.

[3] Elected on October 22nd, 1986 in replacement of Mrs. Mary MacLeod, her mandate will expire on April 19th, 1987.

[4] Elected on September 3rd, 1985, her mandate will expire on April 19th, 1988.

[5] Elected on August 30th, 1985, her mandate expired on April 19th, 1986.

[6] Elected on April 20th, 1986, her mandate will expire on April 19th, 1989.

[7] Elected on July 14th, 1986, her mandate will expire on April 19th, 1989.

- Mr. Roderick Mayappo[8]
  Eastmain representative

One Cree representative elected for three years by the Cree Regional Authority:

- Mr. Steven Bearskin[9]

Three representatives elected for three years from among and by the persons who are members of the clinical staff of any establishment of the said Region, with a maximum of one representative for each professional corporation:

- Dr. Stephen DiTommaso[10]
  Physician

- Mrs. Louise Carrier[11]
  Nurse

- Mr. Abraham Bearskin[12]
  Director of Youth Protection

One representative elected for three years among and by the members of the non-clinical staff of any establishment of the said Region:

- Mr. George Pachanos[13]
  Director of Auxiliary Services

---

[8] Elected on June 27, 1986, his mandate will expire on April 19th, 1988.

[9] Appointed on July 12th, 1985, his mandate will expire on April 19th, 1987.

[10] Elected on September 5th, 1986, his mandate will expire on April 19th, 1988.

[11] Elected on September 5th, 1986, her mandate will expire on April 19th, 1987.

[12] Elected on September 5th, 1986, his mandate will expire on April 19th, 1989.

[13] His mandate will expire on April 19th, 1987.

The Director of Community Health Department of a Hospital Centre, forming part of the Regional Board or with which the Regional Board has a service contract or his nominee or the Director of Professional Services or his nominee. The Cree Regional Authority shall appoint such person if there is more than one such centre:

- Mr. Pierre-Paul Mercier
  Director of Finance at the Montreal
  General Hospital

The General Manager of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the General Managers:

- Mr. Pierre Pichette
  General Manager of the C.B.H.S.S.J.B.
  since May 14th, 1984

There have been five (5) meetings of the Board of Directors during the period covered by the present report.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE ADMINISTRATIVE COMMITTEE
AS OF MARCH 31ST, 1987

- Mr. James Neacappo (Chairman)
- Mr. Pierre Pichette
- Mr. Steven Bearskin
- Mrs. Maggie Minister
- Mr. George Pachanos
- Mr. Pierre-Paul Mercier

There has been one (1) meeting of the Administrative Committee during the period covered by the present report.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE AUDIT COMMITTEE
AS OF MARCH 31ST, 1987

- Mr. Pierre-Paul Mercier
- Mr. James Neacappo
- Mrs. Marjorie Mark

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MANAGERIAL PERSONNEL
AS OF MARCH 31st, 1987

General Manager	Mr. Pierre Pichette
Assistant General Manager	Mr. Steven Bearskin
Assistant General Manager - Health Services	Mr. Michel Plouffe
Director of Nursing	Mr. Jean-Richard LeMay
Director of Community Clinics	Mrs. Lucie Caron
Assistant Director - Community Clinics	Mrs. Lise Tremblay
Administrative Coordinator (Inland)	Mr. Daniel Beauvais
Head of Patient Services - Val d'Or	Mrs. Thérèse Snyder
Coordinator - Community Health Programmes	Mr. Hermès Cornejo
Coordinator of Nursing	Mrs. Luisa Ciofani
Coordinator of Nursing	Mr. André Thibodeau
Director of Professional Services - Health Services	Mr. Stephen DiTomasso
Head of Pharmacy	Mr. Emmanuel Laborde
Assistant General Manager - Social Services	Mr. Fernand G. Filion
Director of Professional Services - Social Services	Mrs. Maryanne Pentick
Group Home Coordinator	Mr. Arnold Devlin
Director of Youth Protection	Mr. Abraham Bearskin
NADAP Coordinator	Mrs. Josée Quesnel
Assistant General Manager - Administrative Services	Mr. Richard Vézina
Director of Finance	Mr. Lawrence J. Potter
Assistant Director of Finance	Mrs. Françoise Bergeron
Head of Purchasing	Mrs. Dolores Audet-Washipabano
Director of Auxiliary Services	Mr. George L. Pachanos
Head of Maintenance	Mr. Roderick Matches
Head of Dietary	Mrs. Nellie House
Director of Human Resources	Mrs. Marie-Andrée Bourdeau
Personnel Management Consultant	Mrs. Yolande Buisson
Planning, Programming, Research and Communication Consultant	Mr. Richard St-Jean

GENERAL MANAGER'S REPORT

GENERAL MANAGER'S REPORT

1986-87, the first year of the triennial programming's implementation and of the decentralized administrative structure, will appear as the beginning of the systematic elaboration of an organizational culture on one hand - a guarantee of our activities' continuity and the strengthening of our administrative rigidness - and, on the other hand, as the beginning of the reach of our objectives in regards to the participation, the prevention and the take-over by the population of its own matters.

Summary of major activities

As you will notice upon reading the reports from the various services, our volume of activities has substantially increased and this, at the social as well as the health services level.

It is to be noticed that for the first time in its history, the C.B.H.S.S.J.B. has a surplus of 2%. This was generated by a $600,000 grant from the M.H.S.S. which we received the 2nd week of April, 1987. This obviously does not mean that we have sufficient funds to ensure all the services needed by the population. In this respect, all we have to do is consult our budgetary development plans!

As early as January 1987, we began the creation of a Planning, programming, research and communication services. This management unit will allow us to respect our legal mandates as a Regional Board on one hand and increase the quantity and the quality of our services to the population in regards to planning, programming, research and communication on the other hand. No need to add that this service is also fundamental in order to answer to the requirements of the M.H.S.S. in reference to master plans, service plans, medical manpower plan, etc., all necessary to the financing and to the development of our activities.

The management of our managerial, unionized and professional personnel has encountered intense moments in 1986-87 with the negotiation of a new collective agreement, the development of an evaluation chart for the managerial personnel, and the formulation of a medical manpower plan. It goes without saying that the perpetual high turnover rate of our non-resident personnel continues to trouble us. We opened the door to the negotiation of a strictly northern collective agreement, produced

local conditions for the managerial personnel to be approved by the Board of Directors, and elaborated an orientation policy for new employees in order to enlighten them to our milieu, to our specificity and to the nature of work in a cross-cultural environment.

Whatever the reason for this touchy problem of personnel turnover, the only long term solution is the complete nativization of our services. To this effect, we hired a training officer whose mandate consists in planning our training needs and looking for funds. We have, among other things, started a training course in nursing, to which are registered 15 students from the region. In September 1987, a certificate in social work will be started with McGill University, this could eventually lead our community workers to the obtention of a Bachelor's Degree in Social Work.

Further to the negotiation of the LaGrande Agreement part 2, we are administering a 4 million dollar programme over ten (10) years pertaining to the mercury problem. We are still engrossed in the creation of a joint Cree-Inuit clinic in Whapmagoostui. We will devote a great deal of energy in locating office spaces for our medical and managerial personnel. We are presently studying the possibility of renting an airplane in order to reduce our transportation costs. In order to increase the quality of our temporary lodging services for our patients in Val d'Or and to control the costs, we are also studying the possibility of renting a house or an apartment in a centralized location.

The management of the establishment was done in a spirit of consultation, and of participation, even of collegiality, via the regular meetings of the Internal Management Committee, the Management meetings of the various departments, and the Managerial personnel's conference tables. We have also been present in the communities via ad hoc visits and the annual information tour associated with our annual report. It goes without saying that these consultation-participation activities will have to be maintained, maybe even increased, and in this respect our new organizational structure will facilitate this responsibility.

Under the headings of consultation and representation in the social affairs and health network, we have had several activities. A northern table, comprised of representatives from Regions 10-A, 10-B, and the North Shore, met on several occasions. We tried to be present at the R.B.H.S.S.'s conference, and at the Association of S.S.C.s as often as possible. We met with members of the Northern Regions' Management from the M.H.S.S. several times and this, in Radisson as well as Quebec. The preparation, the meeting and the follow-up of the Rochon Commission was an exceptional activity for us and brought about

important considerations, if we can judge from the preliminary reports of the Commission. Finally, we met with deputy ministers and the Minister of the M.H.S.S. on several occasions. The latter will be honouring us with her visit to the territory in the Fall of 1987.

Policies and procedures

The C.H.B. finally managed to elaborate a systematic list of policies and procedures to direct all of its activities, and this, at the level of Finance, Human Resources, and Auxiliary Services Departments, as well as the Health Services and the Social Services. These policies and procedures deal with all our control and management activities, and this, at all levels.

Except for our Professional Services - Health, most of our policies and procedures are now in application. Let us mention a few of them which apply to the entire organization: Policies on training, transportation, information, evaluation of managerial personnel, orientation of new employees, etc.

1987-88 will therefore see the finalization of this file - among these are the important protocols in regards to the delegation of medical acts - and our efforts will be put on the application and the respect of the said policies and procedures.

Triennial programming

As was mentioned at the beginning of this report, 1986-87 is mainly characterized as being the beginning of the implementation of this primary tool for our organizational culture.

A mid-annual evaluation was done in September and an annual assessment was done in April-May 1987. It appears that the majority of the departments had serious difficulties in reaching their objectives and this, mainly due to an absence of resources and personnel turnover.

New deadlines were established and we trust that we will be able to realize all our triennial objectives by 1988-89.

Restructuring

The C.H.B.'s territory is huge as everyone knows. It is therefore very difficult, indeed almost impossible, to manage it all from a central point based in Chisasibi: It seems that our structure was mainly based on the dispensation of curative services and this, to the detriment of prevention and community activities.

1986-87, in addition to being characterized as a year of transition due to the implementation of a triennial programming, is also being distinguished by the restructuring of our organization. The Board of Directors adopted a new organization plan further to a vast consultation with the concerned persons.

This plan is primarily characterized by the creation of two (2) L.C.S.C.s which will have either the responsibility of the coastal communities or the responsibility of the inland ones.

This restructuring thus operates a decentralization of decision powers towards the communities in addition to being answerable for a more operational management as well as a veritable step towards prevention and community activities. This structure will also facilitate a takeover by the population of its own physical and social health.

1987-88 prospectives

1987-88 will be characterized by a strengthening of the reforms done in 1986-87 and by the anchorage of our new organizational culture: our programming and our policies and procedures.

It goes without saying that we will continue to concentrate our efforts to obtain backlog and development budgets which are necessary in order to maintain and increase our services to the population.

Pierre Pichette
General Manager

HEALTH SERVICES' ACTIVITY REPORT

HEALTH SERVICES' ACTIVITY REPORT

A word from the Assistant General Manager - Health Services;

Once again, we find ourselves at the time of year when we are asked to draw up a list of our annual activities.

When we wrote our last report, that is the one for 1985-86, the administrative team in the health services at the time had spent a great deal of time and energy in the writing up of policies and procedures, in the elaboration of a triennial programming, as well as in the refining of activities related to the professional orientation and the training of employees.

The activities carried out, continued in 1986-87 within the framework of a general revision of the objectives which we wished to reach. Consequently, readjustments and modifications were made, taking into consideration our administrative restructuring as well as the development of our socio-sanitary context.

During the course of 1987-88, we will thus be in a position to evaluate more in depth the results of the work performed in the past two years.

Finally, I encourage you to take a look at the reports in the present section which will give you an idea on the results of the activities which took place throughout 1986-87.

Michel Plouffe
Assistant Director General
Health Services

NURSING DEPARTMENT

During the past year, the nursing activities under the responsibility of the Nursing Director were managed in continuity with the orientations previously provided for. Considering the nursing philosophy present within the triennial plan, we are going towards our ultimate goal, by favouring an individualized nursing approach via an optimal quality of care offered to the beneficiaries.

Notwithstanding the fact that 2/3 of the administrative team and over 70% of our nurses have left their position, the new and the senior staff have made all the efforts necessary to create a positive attitude and a team spirit with their peers. This enabled the management team to work on its specific objectives. Furthermore, the coordinators who had the mandate to widen their role and their involvement in regards to recruiting, training and daily activities, appreciated the collaboration of all the interveners.

Last year, a general orientation programme for new employees was elaborated in the nursing department. This said programme resulted in the set up of a Professional Integration Plan, including a book and a booklet whose contents were revised, specifically adapted to the department of medicine and the outpatient clinic. The one intended for community health will follow shortly.

The nursing coordinators were thus involved in:

24 orientations in the department of medicine
16 " in the outpatient clinic
3 " in community health
2 " in the nursing administration
1 6 month orientation with a nursing student who is awaiting her nursing permit.

The nursing department alone has given over 236[1] days of basic and complementary orientation in the respective units in order to allow the employees in our centre to become versatile and operational within their respective functions. In general the

[1] the numbers do not take into consideration the two orientations within the administration and the one given to our student nurse.

orientation of employees has improved a great deal since it has become standardized, which allows it to be completed more rapidly in the various departments notwithstanding the person giving the orientation.

In the files pertaining to the training and the upgrading of employees, we are proud to have contributed to the professional training of two nursing assistants, one of whom is native, which allowed them to become nurses. We also followed our training programme, as mentioned in the triennial plan, very closely. Furthermore, thanks to a new outlook in regards to continued training, an atmosphere which favoured creativity, the department was able to favour a greater direct participation of the employees.

The latters had the opportunity to work on a training project of their choice and were thus able to use their expertise to benefit their colleagues. The results are astonishing and the training sessions in obstetrics were a success. The quality of the teaching material and the rate of participation reveals a sustained interest in respect to the courses. The programme initiated by Mrs. D. Allaire, C. Blais, L. Ciofani and J. Kirouack is also being offered to the nurses in the posts.

Here is a detailed list of the activities offered at the Chisasibi H.C.:

- 10 different training courses
- 18 sessions
- 31 hours of distribution
- 6 instructors
- 104 attendances
- 200 pages of texts

- Bush Call - Intra-venous techniques - State of shock - Solution flow - Metivac Suction - Thoracic pain - Peritoneal dialysis- Information to persons suffering from diabetes - Rehabilitation in a hospital environment - Foetal distress and monitoring- Pregnant women who are at low risk, problems during labour, first hour - Follow-up of a woman in labour -

Outside the Chisasibi H.C.:

- M.G.H.; Teaching and follow-up in peritoneal dialysis; 20 hours

- Canadian college for directors of health services; Diagnose your organization, 32 hours.

The annual evaluations of the personnel were fairly difficult to maintain due to the many changes within the entire team. Despite this, 22 evaluations were completed. Presently, in

addition to a complete revision of the job descriptions, we are setting up a more pertinent evaluation tool which will better satisfy the evaluator and the person being evaluated. An evaluation at the time of departure is added to the old procedure and should help all the interveners who are in a position to take these precious information into consideration.

To answer to the imperative needs of our department, 42 policies from the nursing department are now in effect. Out of these, 14 were revised and modified. The most important change was the sharing of two "on call" lists by all the nursing staff in the hospital. The relation between activity rush hours, the number of nurses on location and the staff on call is more adequately met this way. In addition, a list of voluntary availability counter-balanced the negative effects of mandatory overtime. A great deal of efforts were also made in order to allow the replacement of our personnel, which allowed us to save 25% of the budget anticipated for overtime.

We registered 90 days of absence due to illness for 33 employees within one position which needed a replacement. In respect to the 6 occupational injuries, none of them brought about a work stoppage; this is a 33% improvement in comparison to last year. Same improvement with our beneficiaries, the errors in medication dropped from 22 to 10. Accidents involving a beneficiary have gone from 6 to 3. Only one of these cases required an extension of the hospitalization period further to a burn.

The nursing department, in a spirit of safety thus proceeded in the purchase of 6 children's beds which meet the new norms of the B.N.Q. as well as fireproof aprons for our smokers, 2 walkers, 1 geriatric chair and an air freshener.

Sterilization

In this area, the Chisasibi Hospital Centre keeps on offering a service contract to sterilize the material from Radisson who still does not have the facilities.

A manual of techniques which pertain to this service was developed in order to involve the natives in the various components of sterilization of medical equipment. To this day, half of our personnel aimed at prepares the instruments and this file will be complete within a few months.

Medivac

The nursing department registered 56 medivacs in comparison to 64 the previous year and over 101 in 84-85. These were 56 medical emergencies which were evacuated by regular or chartered flights. There were also 6 evacuations from the bush in comparison to 12 last year.

Classification by case:

20 obstetrics
12 medicine
11 trauma
7 pediatrics
5 cardio
1 psychiatric

Furthermore 54 cases who needed private duty required approximately 8 hours of work for each one at the hospital centre.

Medicine

With the use of the services from the Red Cross, it is fair to mention that almost all our nursing personnel and the physicians were replaced by a new team during the 1986-87 year. Despite this factor, there was very little incidence on the volume of activities in the hospital centre.

We registered 400 admissions during this financial period in comparison to 560 for the previous year. As for the volume in activities days/beneficiaries, it was of 2591 for the regular cases, 2918 for extended care cases, 163 for newborns.

In general we notice a slight decrease in the occupation rate which can be explained by the death of 3 extended care beneficiaries, this may have a strong incidence in relation to the number of beds occupied. Moreover, there is an increase from 37 observation cases for last year to over 113 for this year. Thus totaling 426 days/beneficiaries which are not counted in the admissions.

We can summarize by mentioning a modification which was appreciated at the nursing station. Among other things, a shower room was transformed into an office, which rendered more functional the working area of the medical staff, and a common storage room was added for the department of medicine and the outpatient clinic.

Outpatient clinic

A slight reduction in visits to the clinic makes the number of consultations which was 17,292 last year drop to 16,636 this year. However, within our specialized clinics, we register an increase of 200 appointments by going from 1469 to 1669.

Also the idea of having a blood testing department has gone forward and this brought about the modification of room #5, which used to be a storage room, into an examination room where the follow-up of specialized clinics is being done and thus the "testing" clinic. Consequently, we are in a position to conclude that there is a decrease in the volume of activities in the emergency room and by the same token, a reduction in the beneficiaries' waiting period.

Classification by case:

1124 HBP
173 COPD
255 Diabetes
117 Pediatrics

Community Health

The nursing staff in community health as been subjected to major fluctuations during the past year. It is by far the department which was most perturbed by the rotation of its professional staff. The continuity and the application of certain programmes were maintained but not without any variations. At this stage, it is difficult to evaluate its impact on our target-population.

At the school health level, we registered a delay of 7 months between September and April. A gap which was filled when new personnel was appointed to community health on a temporary basis. Here are the priority objectives which were met.

Classification by case:

115 Persons had a physical examination and received vaccinations
60 " courses, information to sec. I to V on conception and contraceptives
50 " screening and health care
32 " (PPD) tests
20 " audiogram and eye tests

Among other things, first aid kits were checked in order to be functional and were placed in strategic locations.

In fact, the school is a place where almost 800 persons are grouped together. It is desirable to have trained personnel in such an area in order to meet the specific aspect and the volume of these activities.

In regards to the working area of the nurses and the personnel, we made some changes in order to expand the space available for the processing of files and in addition the room #7-8 was also renovated in order to be more adapted to the new needs of the operations.

The administration also set aside a vehicle reserved exclusively for home visits in accordance with the personnel's schedule. As for this department's activities, here is a detailed list;

317 - Home visits
947 - Well baby clinic
1136 - Pre-natal clinic
752 - PPD
442 - INH + Refill
192 - Hepatitis programme

CHR

146 - Eye examinations
43 - Personal hygiene
521 - Dental hygiene and nutrition
55 - Group who received various information
587 - Mercury programme
5 - Diabetes problems
9 - Nutrition problems
1 - HBP
5 - Self breast examination
8 - Group who benefitted from the "Bush Kit" programme
41 - Group who benefitted from the "Mother and Child Health" programme
48 - Individual, "Mother and Child Health"

PROFESSIONAL SERVICES

The leadership in this department has been buffeted over past years by a rapid series of Directors of Professional Services (about 10 directors in 10 years with long periods of vacancy between them). The job was filled by Dr. Stephen DiTommaso in September after a vacant period of one year, and no successor is yet evident to replace him when he leaves early in 1987-88.

The main events of 1986-87 were:

- completion of the Three Year Planning for all of the Professional Services
- integration of several new doctors into the system
- efforts to promote under-funded services at the level of the Internal Management Committee, the Board of Directors, and the Ministry.
- a visit to the inland communities
- continuous efforts to complete routine administrative activities.
- evaluation of a possible general anaesthesia service
- grateful implementation of a word processor into the office area.

The main unsolved challenges remain as follows:

- to recruit a more senior, stable D.P.S.
- to increase the time authorized for administrative work from 15% of a position (current funding) to 50% or even 100% (full time D.P.S.). The M.H.S.S. has just lately increased funding to 25% of a full time position! This means that our D.P.S. is paid to do administrative functions only about one day per week, and to see patients as an ordinary doctor three days a week (taking into account vacations).
- to increase the administrative capacity of the D.P.S.'s office, principally by hiring a second secretary or administrative technician.
- to train and maintain a competent native medical secretary. The medical secretary is the backbone of the medical service, particularly to organize the schedule of specialists, replacement doctors and dentists.

DOCTORS IN THE COMMUNITIES

Our medical team has become more stable with time. Although we lost 5 of our 6 doctors in Chisasibi in the summer, they were easily replaced and most of the present group will stay for a second year. We have hired even more doctors for 1987-88!

Dr. Béatrice Superville remains happily in Mistassini, after four years!

Waswanipi as usual has seen the most turnover of doctors, and now has its third doctor of the year trying to make a start on all the work which needs to be done. At this time, Dr. Paul Roberge is enthusiastic about continuing to visit there for two weeks out of every month. A permanent doctor for Waswanipi is our ultimate goal.

For the communities in general, we aim to have physicians visit more often. Whether the young doctors we hire will ever be lured to establish themselves permanently in the smallest villages, remains to be seen.

Visits by specialists continue, mainly to Mistassini and Chisasibi. When sufficient demand warrants, they also visit smaller villages from time to time.

Our specialists included:

Drs.	Pham Dang and Sweet	Ears, nose and throat
Drs.	Leith, Anderson, Friedman Balazsi and Mullie	Ophthalmology
Mr.	Robert Trudel	Optometrist
Drs.	Woods, Rich & Koclas	Pediatricians
Dr.	Gledhill	Pediatric & Adult Orthopedics
Dr.	Larson	Developmental Pediatrics
Dr.	Hortop	Pediatric & Juvenile Cardiology
Drs.	Dumont, Deschênes	Internal Medicine
Drs.	Prince & Kolivakis	Psychiatry
Dr.	Welt	Obstetrics and Gynecology
Dr.	Mutch	Surgery

FAMILY MEDICINE PROGRAM

Since 1984, medical students have been coming to work with our doctors in Chisasibi. They have felt that they learned quite a lot about family practice, and in fact a high proportion have come back again to work with us after graduation! They must have really enjoyed James Bay on their first visit.

Since 1985-86, the program has received full funding from the Ministry and has also been acknowledged by McGill University as an accredited teaching unit. Several of our doctors received academic titles from the McGill Department of Family Medicine, and participated in faculty training sessions in Montreal and North Carolina. Also, we now receive more advanced students (i.e. interns and residents) who are planning to work as family doctors within a year or two, and this should help our recruitment in coming years.

Another advantage of this program is that we receive enough money to keep up an improved medical library.

DEPARTMENT OF GENERAL MEDICINE

This department was created midway throughout the 1986-87 year, and its first chief was appointed. Under Dr. Lorne Sherman, a more organized approach has been taken towards:

- organization of staff meetings
- planning for admission of handicapped patients during goosebreaks
- planning of emergency drugs and equipment for the villages and for Chisasibi Hospital
- creation of some new treatment policies and protocols (dying patients; new drugs; new anaesthetic gas; care of chronic patients; etc
- evaluation of new technology

DEPARTMENT OF DENTISTRY

a) Department Summary

The Department of Dentistry of the Cree Health Board is pleased to announce that 1986-1987 was a very successful year. Priority number one, maintaining the dental manpower of six permanent dentists, one dental hygienist and one part-time denturologist was carried out. This has enabled us to continue the regional clinical and preventive services.

On the clinical side of things, the six permanent dentists were usually replaced by temporary dentists whenever they left the region for conferences or vacations. This allowed us to continue our effort at reducing the extremely high caries rate of the Cree.

As is clearly evident in the enclosed annual report of our dental hygienist, the preventive aspect of our department continued to develop rapidly. This side of the team remains a top priority as dental prevention programs are the only truly effective method at reducing caries levels on a long term basis.

Research touched the department this year as "Oral Health Status of Cree Children Living in Chisasibi" was published in the March issue of the Journal of the Canadian Dental Association. This article was co-authored by two of the members of our dental team, Dr. L. R. Shaw and Dr. N. Edgar. By establishing a baseline study such as this one, future dental studies in the region will enable us to evaluate the efficacy of our prevention programs.

Finally, apart from the obvious priority of maintaining the structure of the Department of Dentistry and its programs, our developmental priorities are five-fold for the 1987-1988 year.

1. Obtain funding from the Minister of Health and Social Services for the hiring of a second dental hygienist in the region. This will then permit the region to have one dental hygienist for the coastal communities and one for the inland communities. The primary purpose of this request is to ensure the continuation of the dental prevention programs for the region.

2. Obtain funding from the Minister of Health and Social Services for water fluoridation facilities in seven of the eight communities.[2]

3. Obtain approval from the Minister of Health and Social Services for the hiring of a seventh permanent dentist to the region. This person would be based in Mistassini, where patient-dentist ratio warrants a second dentist.

4. Obtain funding from the Minister of Health and Social Services for general anaesthesia facilities in Chisasibi and an orthopanthomograph X-ray unit for Mistassini. The purchase of these two items, at a combined cost of approximately seventy thousand dollars will then complete the development of dental facilities in Region 10B.

5. Obtain a resolution from the Cree School Boards' Council of Commissioners endorsing the dental prevention policy that we have strived to maintain in the schools for the past two years. By obtaining the support of the Council of Commissioners, we will then be one step closer to ensuring that the compliance and subsequently the efficacy of these programs is maximized.

Dental Clinic Appointments

Village	Years 82-83	83-84	84-85	85-86	86-87
Chisasibi	1922	2843	2856	3358	2911
Great-Whale	235	746	428	224	501
Wemindji	439	446	652	849	614
Eastmain	416	273	437	351	354
Waskaganish	486	416	1235	2009	1466
Nemaska	356	52	372	344	571
Waswanipi	83	580	993	724	868
Mistassini	356	487	497	1831	1832
TOTAL	4293	5843	7470	9690	8997

[2] At present, Waswanipi does not wish to participate in this preventive programme.

b) Dental Hygienist Report

In May of 1986, I joined the Cree Health Board with the mandate of ensuring both the continuation and the future development of our regional dental health programs.

This consisted of supervising the tooth brushing and fluoride tablet programs that were in operation in seven of the eight communities.[3] Apart from this, we have developed a school dental health program which concentrates on dental hygiene and nutrition.

Our community involvement over the past year has been primarily devoted to sensitizing the population on the acute problem of Baby Bottle cavities in the region. This single item is almost uniquely responsible for referring no less than 204 infants to Val d'Or for treatment under general anaesthesia this year.

It is of utmost importance that the role the Community Health Representatives (CHR's) play in our prevention programs be recognized. Although it is my direct responsibility to ensure the continuation and development of these programs, the Community Health Representatives of each village are the individuals who carry out the day to day duties. Without the ongoing support of these conscientious health workers, the prevention programs of our region would soon collapse. I cannot overemphasize how important these Cree women are to the continuation of these programs; thank-you.

In summary, other highlights of my year include:

- frequent travel among the communities
- a one week long training session for to the Community Health Representatives in July
- assisting each of the Community Health Representatives launch their dental hygiene and nutrition programs in the schools with the use of posters and videos. The target population is approximately 2,100 children from pre-kindergarten to grade six.
- sensitizing through meetings, the Band Councils, Health Committees, principals, store owners, parents, nurses and physicians on dental issues.

---

[3] Wemindji has decided not to allow these programmes in their school.

b) Dental Hygienist Report (Cont'd)

- introducing Nutrition Bingo to the villages.

- talk shows and dental education announcements were broadcasted on the community radios.

- distribution of posters and pamphlets on the topic of Baby Bottle Syndrome.

For the 1987-1988 year my obvious priorities will remain at ensuring that the programs continue as well as they have been for the past year. I plan to introduce an information campaign to the adults of the region on the topic of periodontal (gum) disease, as well as strive for the publication of a dental health calendar.

MEDICAL RECORDS

1986-1987 was a year of change in personnel, as always. We lost Mrs Monique Laferrière, our medical records director, when she decided to return to her first profession (nursing) in November. Six months later, in June 1987, we expect the return of Mrs Joanne Riopel to replace Monique. Thus, for a period of six months, the department has been left in the capable hands of Ms. Greta Lameboy, our senior clerk, supplemented by periodic visits by Monique Ferron of Val d'Or to handle the compilation of diagnoses and statistics.

Our greatest success has been simply the smooth execution of daily activities during a year in which total number of activities (patient visits, tests done, reports received, etc) have increased once again.

Our largest problem has been the ever diminishing reserve space. We expect to saturate available space within a year. A comprehensive report left by Mrs Laferrière on the medical records in Chisasibi and all the villages remains to be evaluated and recommendations instituted by our incoming archivist, Mrs Riopel, this coming summer.

Of the 15 deaths this year, 5 were due to advanced cancer, two were directly or indirectly due to Cree leukoencephalopathy, and the rest occurred in debilitated elderly patients (our oldest was 103 years old!) This increase in death rate is expected as the native population grows older.

During 1986-1987, the project of triennial planning was completed. The need for computerization is a topic that remains much discussed. Eventually, we hope to hire a native as our head archivist, if ever one becomes qualified. We will do everything possible to help any native person who wishes to receive the training they need to run our medical records department.

1. HOSPITAL PROGRESSION

	Children & Adults		
	Acute Care	Chronic Care	Newborn
Hospitalized as of April 1st, 1986	5	8	0
Admitted during the year	414	4	49
Treated during the year	419	12	49

1. HOSPITAL PROGRESSION

	Children & Adults		
	Acute Care	Chronic Care	Newborn
Released during the year[4]	401	6	49
Deceased during the year[5]	15	3	0
TOTAL NUMBER OF PATIENTS DISCHARGED ALIVE	401	3	49
Hospitalized as of March 31, 1987	3	7	0

11. ADMISSIONS TO CHISASIBI HOSPITAL

	1984-85	1985-86	1986-87
Adult Medicine	216	271	226
Obstetrics	83	103	72
Pediatrics	105	132	101
Newborns	49	53	49
TOTAL	453	559	448

The decrease in admissions may reflect any of several possible factors (better health, change in referral patterns, change in confidence of the doctors, etc.)

111. TOTAL PATIENT-DAYS

	1984-85	1985-86	1986-87
Acute Care			
Adult Medicine	2 255	2 051	1 859
Obstetrics	297	362	267
Pediatrics	624	604	465
Newborns	197	187	163
Chronic Care			
Adult medicine	2 760	3 266	2 553
Pediatrics	240	365	365

---

[4] includes deaths

[5] The increase in total deaths is explained by the number of cases of terminal cancer (5 deaths) by the number of elderly and chronically ill patients (all the rest).

IV. AVERAGE NUMBER OF PATIENTS PER DAY	1984-85	1985-86	1986-87
Acute Care			
Adult Medicine	6.2	5.6	5.1
Obstetrics	0.8	1.0	0.7
Pediatrics	1.7	1.7	1.3
Newborns	0.5	0.5	0.4
Chronic Care			
Adult medicine	7.6	8.9	7.0
Pediatrics	0.7	1.0	1.0

V. DISCHARGES	1984-85	1985-86	1986-87
Adult Medicine	210	265	235
Obstetric	83	104	72
Pediatric	101	133	100
Newborn	50	53	49

VI. DAYS OF HOSPITALIZATION	1984-85	1985-86	1986-87
Acute Care			
Adult Medicine	1 567	2 103	2 125
Obstetrics	308	363	266
Pediatrics	620	605	423
Newborns	199	187	163
Chronic Care			
Adult Medicine	1 133	1 799	N/A
Pediatrics	1 276	-	N/A

VII. AVERAGE STAY IN HOSPITAL	1984-85	1985-86	1985-87
Acute Care			
Adult Medicine	7.5	7.9	9.3
Obstetrics	3.7	3.5	3.7
Pediatrics	6.1	4.5	4.2
Newborns	4.0	3.5	3.3
Chronic Care			
Adult Medicine	283.3	359.8	N/A
Pediatrics	N/A	N/A	N/A

VIII. NUMBER OF DELIVERIES IN CHISASIBI HOSPITAL	1984-85	1985-86	1986-87
	48	53	49

IX. NUMBER OF PATIENTS TRANSFERRED TO ANOTHER HOSPITAL

	1984-85	1985-86	1986-87
Adult Medicine	34	25	15
Obstetrics	18	22	7
Pediatrics	9	6	7
Newborns	2	0	1

X. NUMBER OF DEATHS IN HOSPITAL

	1984-85	1985-86	1986-87
Acute Care			
Adult Medicine	5	3	14
Obstetrics	0	0	0
Pediatrics	0	1	0
Newborns	0	0	0
Chronic Care			
Adult Medicine	1	2	3
Pediatrics	0	0	1

LABORATORY

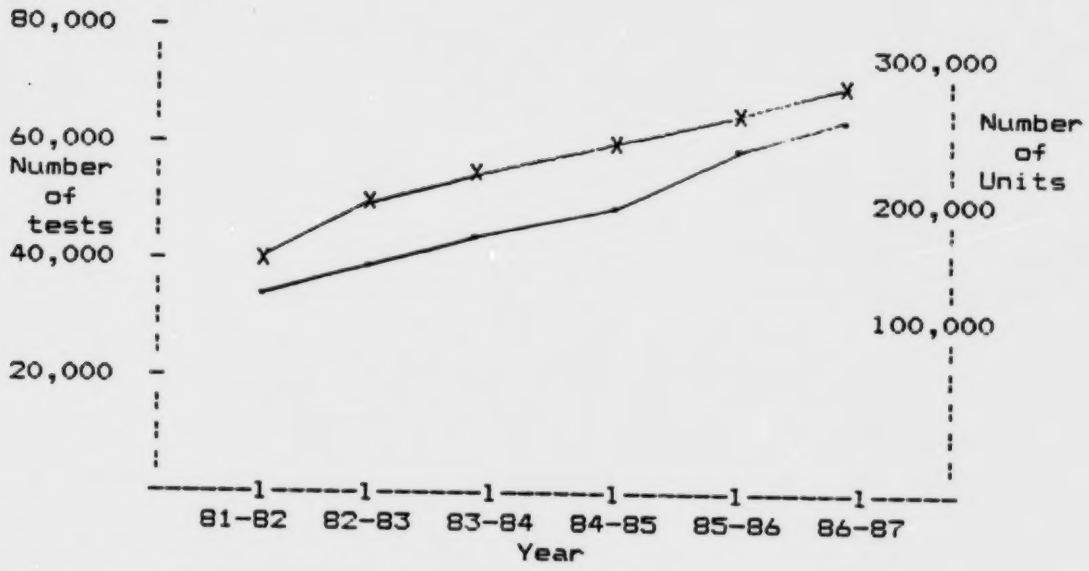
During 1986-87, our laboratory ran well. We operated at the level of three lab technicians; Mr. René Proulx, with ten years experience in our hospital, as well as Mr. Mario Desgagné, Mr. Gilles Gagnon (temporary), Mrs Claire Lamarre (temporary). This manpower was increased in appreciation of the constant rise every year of the number of lab tests processed (from about 3 000 per month in 1983-84 to 6 000 per month in 1986-87). Our actual operating costs this year are expected to be about 10% lower than those of last year, though.

There are several projects underway in the lab:

- Expansion of the premises, as well as acquisition of higher quality equipment.
- Changes in the physical lay out to conform to provincial security and occupational health regulations.
- A consultant was hired to update our technical procedures and internal operations. She is Mrs Diane Girard, a former employee, and accomplished her job in several months in the spring.
- Constant efforts are made to upgrade the quality of our operations (new containers to transport biologic materials, new bacterial antibiotic-sensitivity testing methods, desk-top streptococcal kit for the villages, sensitive B-HCG pregnancy test, etc.)
- We will use more Red Cross blood and less blood from local donors, to minimize the risk of transmitting infections to recipients.

A statistical analysis of the year's activities is useful only when compared with the volume of activities in previous years.

YEAR	NUMBER OF TESTS	NUMBER OF "UNITS"
1981-82	35,788	159,158
1982-83	39,889	200,344
1983-84	46,928	215,612
1984-85	50,215	256,640
1985-86	65,971	271,697
1986-87	67,400	292,000



We still debate the issue of "how many tests are enough". Do rising laboratory activities reflect a much needed increase in health services and finally enough medical activities? Or do they reflect the innate tendency of a greater number of doctors to perform a greater number of tests? We believe that our physicians are sensitized to this issue and do their best to keep tests to an appropriate level.

BREAKDOWN OF CHISASIBI LABORATORY ACTIVITIES

Test	1984-85		1985-86		1986-87	
	Tests	Units	Tests	Units	Tests	Units
Haematology	4 130	17 586	6 552	49 177	6 896	49 436
Biochemistry	16 641	133 405	23 781	125 913	21 091	103 332
Bacteriology	23 202	61 719	27 381	46 217	30 131	82 787
Serology	1 163	5 210	1 312	3 016	2 614	11 063
Urine	2 148	12 252	2 670	14 546	2 668	14 232
Blood Bank	319	3 174	378	2 846	497	3 839
Sampling and Handling (tests sent out of town)	2 687	24 322	3 895	29 985	3 847	27 286
TOTAL	50,290	257,668	65,971	271,697	67,744	291,970

It should be noted that these are only some of the tests that are done in James Bay.

- Many tests are sent to Chibougamau or Val d'Or, especially from the inland communities.

- More tests are done in the nursing stations (urine cultures, and soon throat and gonorrhea tests).

DEPARTMENT OF RADIOLOGY (X-RAY) + ELECTROCARDIOGRAPHY (EKG)
Chisasibi

1986-87 saw no major changes in the way this department functions, but we do have two relatively new radiology technicians Mrs Ginette Labarre, full time since July 1986 and Mrs Lina Phermigion, part-time since August 1986.

Our medical staff decided not to purchase a brand new transmitting X-ray device, as this is felt to be expensive and unproven, and would not benefit inhabitants outside of Chisasibi to any appreciable extent. We will soon receive some money to purchase standard EKG machines for those villages which do not yet have any.

The project of triennial planning was also accomplished during 1986-87.

We did upgrade our X-ray developing machine to improve X-ray film quality. We also invested in improved number and quality of our X-ray cassettes, which particularly helps us to deal with injured patients and a higher volume requests for X-ray examinations.

At present, we are studying the feasibility of eventually purchasing an echography machine, in order to offer more complete prenatal services to pregnant women living in coastal villages. At present, women must be sent to Val d'Or or Chibougamau to receive ultrasounds.

Some interesting statistics form 1986-87 are as follows:

	MEASUREMENT	1984-85	1985-86	1986-87
1.	Number of Patients			
	Hospitalized patients	256	182	157
	Outpatients	1 177	1 095	1 094
	Patients referred to Chisasibi	378	451	343
	TOTAL	1 811	1 728	1 594

II. NUMBER OF X-RAY EXAMINATIONS

Examinations	1984-85	1985-86	1986-87
Hospitalized patients	367	392	217
Outpatients	1 438	1 557	1 396
Patients from outside of Chisasibi	527	668	473
TOTAL	2 332	2 617	2 086

III. NUMBER OF "UNITS"

	1984-85	1985-86	1986-87
Hospitalized patients	1 485	1 125	676
Outpatients	8 280	8 804	8 624
Not from Chisasibi	3 448	4 239	3 744
TOTAL	13 213	14 168	13 044

IV. NUMBER OF X-RAY FILMS

	1984-85	1985-86	1986-87
Hospitalized patients	452	358	201
Outpatients	2 480	2 772	2 537
Not from Chisasibi	978	1 306	896
TOTAL	3 910	4 436	3 634

V. PEAK ACTIVITY PERIODS

August - September
May - June

VI. LOWEST ACTIVITY PERIODS

November - early January

In general, our radiology department is a well functioning, low-volume department. This is absolutely essential in order to run a regional hospital.

PHARMACY

Over the past years, our pharmacy has had less and less involvement with Mistassini and Waswanipi. In these two villages, now, medications are organized through Chibougamau Hospital, and so the following statistics must be examined with this fact in mind.

Also, no precise accounting of medications is done in the other villages. No record is kept of the number of patients who receive medications, nor of the overall nature and quantity of drugs supplied there. Caution must be used when the budgetary analyses of specific villages are made, as figures for each village are imaginary (calculated as a percentage of the total budget, based on the 1984 fractional distribution). Thus, a break-down by village of drug consumption is not offered here.

As in other clinical areas, the use of medications is much discussed among doctors and the Board of Directors. Our budget for medications was overspent by hundreds of thousands of dollars this year, but the professional staff feel that drugs are given as required and that over prescribing is not the cause of increasing pharmacy expenses.

A pharmacy computer is felt to be the most effective means of improving inventory problems (running out of medications) and functional analyses (who is using which drugs, and in which villages). A computer would also help with certain clinical problems (drug interactions, etc.).

A second pharmacist is badly needed to serve professional and quality control functions in the inland and coastal communities. A second pharmacist would also fit into the Health Board's plans to improve patient education and preventive programs.

1. NUMBER OF PRESCRIPTIONS GIVEN - CHISASIBI ONLY

	1984-85	1985-86	1986-87
Hospitalised patients (prescriptions)	3 872	4 566	3 686
Outpatients (prescriptions)	13 213	16 268	16 481
Prescriptions given after closing time	909	1 004	1 053
TOTAL number of prescriptions	17,994	21 838	21,220
Number of hospitalized patients	1,614	1,626	1,413
Number of outpatients	9,636	11,372	12,672
TOTAL number of patients	11,250	12,998	14,085

	1984-85	1985-86	1986-87
Average number of patients served per day (260 working days per year)	43	50	54

NUMBER OF PRESCRIPTIONS PER PATIENT

	1984-85	1985-86	1986-87
Per hospitalized patient per day	2.4	2.8	2.6
Per outpatient per day	1.5	1.5	1.4
Number of legally controlled prescriptions per year	87	131	138
Number of narcotics per year	352	335	359

11. TOTAL COST OF CHISASIBI PRESCRIPTIONS (DOLLARS)

	1984-85	1985-86	1986-87
Hospitalized patients	16 586.63	21 912.12	22 614.53
Outpatients	67 884.09	90,757.29	112 021.59
Employees	1 853.83	2 379.60	3 310.47
Cash received from non-residents	2 116.43	2 244.66	3 910.88

111. TOTAL COST OF ALL MEDICATIONS TO NATIVES - JAMES-BAY - ALL VILLAGES (medications on and off the reserve)

1984-85	1985-86	1986-87
$262,000	$469,292	$601,981 (before audit)

1V. TOTAL COST OF MEDICATIONS SUPPLIED BY CHISASIBI PHARMACY TO COMMUNITY CLINICS

	1984-85	1985-86	1986-87
Total value sent	181,282.24	221,132.82	175,220.85[1]
Total returns (expired and surplus)	2,120.81	723.22	1,497.73[1]
Real value of consumed drugs	179,369.27	220,409.60	173,723.12[1]

V. NUMBER OF REQUISITIONS FROM COMMUNITY CLINICS

1984-85	1985-86	1986-87
584	659	564[1]

---

[1] In 1986-87, Chisasibi sent almost no medication to Mistassini or Waswanipi (these villages now have a contract with the Chibougamau Hospital).

NUTRITION PROGRAM

1986-87 was a very important year in the field of nutrition. Last April, we hired a nutritionist, Ms. Lydia Rocheleau, after a long period of time in which there was none. Unlike in the past, when nutritionists spent a great deal of time counselling patients, this time we tried a new approach to reach a larger number of people. Experience has taught us that proper eating is more a problem of behaviour than of knowledge. Therefore, the nutritionist and the dental hygienist have worked very hard to develop education programs aimed at every segment of Cree society:

- pregnant women
- mothers of babies and preschool children
- children in school (Nutrition & Dental Health Program and also the School Nutrition Program)
- kitchen staff of Chisasibi Hospital
- Community Health Representatives (CHR's)
- general public
  - radio "nutrition bingo"
  - radio rock show
  - radio advertisements
- groups of diabetic patients
- a meeting with the citizens of Nemaska
- food managers of the Hudson's Bay stores
- facilitation of Nutrition Upgrading Program (a program developed by the Hudson Bay stores but never started until this year)
- Native foods recipe book

We all feel that good nutrition is an attitude that must be implanted in young minds, and we must influence the way people think in general about food and eating habits.

Lydia does see selected patients referred to her with complex medical problems (bone diseases, kidney failure, diabetes in pregnancy, etc.)

A second nutritionist was requested from the Ministry of Health several years ago, but we are still waiting for a decision. It is impossible for one dietician alone to cover a territory as huge as ours.

COMMUNITY HEALTH CLINICS

During 1986-87, we have worked at improving the professional environment of some clinics by getting them part of the equipment they were missing ("croupette", child's bed, EKG, instruments, etc...).

Personnel turnover is constantly high and it remains difficult to recruit staff. This aspect of the work keeps on demanding a great deal of time and energy.

We have continued to put emphasis on training, which is continually being given on a monthly basis at the MGH and the MCH. The session in Val d'Or, in obstetrics, has unfortunately not been offered in the past year, due to a lack of budget.

The administrative team was modified during 1986-1987.

In November 1986, the assistant to the director of the clinics was appointed to the Mistassini Clinic where she supervises the 3 following communities: Waswanipi, Nemaska and Mistassini. This administrative help, added to the Administrative Coordinator who has been working with the 3 communities since March 1986, has the goal of ensuring a better supervision, of increasing the quality of the services, as well as the support to the employees.

In Chisasibi, the director of the clinics, who directly supervises the 4 coastal communities, (Great Whale, Wemindji, Eastmain and Rupert House) was allocated a secretary last September. This acquisition is even more important since the person appointed is native. This situation leads us to expect a better continuity in the knowledge of the policies and procedures in effect.

While being concerned with the pursuit of the triennial planning expected, an objective to standardize the clinics at the organizational and the functional levels (classification of programmes, information to be given, uniformity of procedures, acceptance of delegated medical acts etc...) remains a constant worry in order to improve the follow-up of beneficiaries and the quality of care. This aspect will be part of the priorities to reach during the year to come.

Here is a chart representing certain demographic data from each of the communities.

Communities	Total Population*	# of births 85 - 86 **	# of deaths 85 - 86 **
CHISASIBI	2264	66	12
GREAT WHALE	440 Crees 480 Inuit	11	1
WEMINDJI	819	20	4
EASTMAIN	346	5	4
WASKAGANISH	1224	27	3
NEMASKA	368	13	3
WASWANIPI	1051	16	6
MISTASSINI	2373	53	5
TOTAL	8885	211	38

* on 14/11/86 Register of native populations
** according to birth and death register

As in the previous years, you will find in the following pages, some data, collected from the units of measure, which provide a quantitative image of the work performed in the various communities for 1986-87.

I Outpatient clinic and emergency

The following chart represent the number of persons seen at the clinic during the regular working hours, as well as after hours (emergencies).

NUMBER OF PERSONS PER PERIOD (86-87)

	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
CH	1180	960	1298	1377	1486	1297	1194	1082	1186	1047	1647	1510	1374	16,638
GW	288	229	298	206	354	332	179	243	202	266	355	392	293	3637
WE	281	187	347	386	416	425	402	322	341	342	277	428	703	4857
EA	117	102	149	98	199	95	257	188	192	120	200	167	206	2097
FR	514	420	855	1200	576	689	594	537	567	503	576	621	600	8254
NE	204	167	198	205	85	407	180	180	230	215	208	231	170	2680
WA	245	141	269	128	504	355	161	411	289	392	403	128	623	4049
MI	846	549	955	1118	1100	1324	765	0	759	1707	1170	890	1163	12,346

II Home visits

The following chart represents the number of home visits, by community, performed by the nurses.

VISITS PER PERIOD (86 - 87)

	1	2	3	4	5	6	7	8	9	10	11	12	12	TOTAL
CHI	17	31	17	24	0	36	47	23	26	25	20	12	16	294
GW	6	4	5	11	7	8	4	2	7	9	2	2	2	69
WEM	7	4	5	3	11	8	9	3	0	7	7	10	10	84
EAS	11	12	15	8	16	6	18	19	16	12	4	4	8	149
FR	7	4	4	4	2	3	8	3	5	3	3	1	8	55
NEM	2	3	4	1	0	6	0	1	11	5	18	15	2	68
WAS	4	6	1	6	16	2	4	0	7	2	9	5	13	75
MIS	0	2	1	0	22	0	0	0	0	10	2	12	1	50

N.B.: The home visits are reserved to handicapped persons and seniors who are unable to go to the clinic.

III Community Health

The following chart represents the total number of persons seen (for preventive types of programmes) by the nurses.

NUMBER OF PERSONS PER PERIOD (86-87)

	1	2	3	4	5	6	7	8	9	10	11	12	13	
CHISASIBI	345	275	328	316	0	1348	790	361	360	220	308	307	368	5326
GREAT WHALE	61	51	315	195	93	236	48	105	96	69	61	66	137	1533
WEMINDJI	131	15	57	63	50	160	386	17	23	34	69	0	29	1034
EASTMAIN	21	34	18	9	10	176	89	55	107	25	66	85	110	805
WASKAGANISH	84	91	707	94	1964	621	185	169	268	151	1034	240	202	5810
NEMASKA	29	8	39	340	9	125	54	21	83	141	57	109	46	1061
WASWANIPI	79	19	21	61	34	52	24	29	9	5	7	44	3	387
MISTASSINI	248	111	166	124	146	149	237	0	435	670	102	166	258	2812

* In Waskaganish each person in the village was seen 3 times to complete the vaccination programme against hepatitis which is high in that village.

IV CHR (Community Health Representative)

The CHR's (community health representatives) were able to show, during their first year in action, all the importance that their presence and competence can bring within our work teams. Although the support is not presently sufficient, the CHR's continue to work in educative programmes centered on prevention.

The following chart demonstrates the consultations performed by the CHR's between 01/04/86 and 31/09/86 (5 months).

COMMUNITIES	NO. OF INDIVIDUAL CONSULTATIONS	NO. OF GROUP CONSULTATIONS (# PER)
CHISASIBI	576	11 (70)
GREAT WHALE	247	12 (684)
WEMINDJI	155	12 (140)
EASTMAIN	61	4 (140)
FORT RUPERT	--	-- (--)
NEMASKA	28	22 (150)
MISTISSINI	339	40 (587)
WASWANIPI	--	-- (--)
TOTAL	1406	101 (1680)

SOURCE: Units of measure CBHSSJB MGH.

Among the community health programmes dealt with by the CHR, here is, in percentage, the distribution of consultations (individual and group).

	IND. CONSULT.	GROUP CONSULT.
1) Mercury surveillance programme.	58.6%	1.0%
2) Adults' health	24.6%	8.9%
3) Mother and child health.	0,9%	20.8%
4) Tuberculosis screening and prevention.	3.1%	1.0%
5) Prevention of gastroenteritis.	2.0%	19.8%
6) Bush-Kit	1.9%	13.9%
7) School health	0.6%	34.7%
All programmes.	100%	100%

Source: CHR's and CBHSSJB's units of measure, compilation April 1986 - September 1986 MGH.

N.B.: Certain units of measure compilation sheets were missing at certain periods. The data is thus not exhaustive.
- Two villages still do not have a CHR, they are: Waskaganish and Waswanipi.

COORDINATION - COMMUNITY HEALTH PROGRAMMES

1986 - 1987 was marked by a search for a better evaluation of community health programmes implemented during the previous period and a concentration on the quality of data in relation to the importance of various community health programmes in terms of consultation frequency per village and professionals.

The integration of the dental hygienist and the dietician within community health has allowed for the realization of new preventive programmes.

We have continued to work in close collaboration with the Module du Nord Québécois, the department of community health of the Montreal General Hospital and the Ministry of Health and Social Services to realize several research projects in the field of community health.

The following pages contain a summary of the activities carried out at the community health level for the 1986-1987 period.

I. First Aid Programme (Bush Kit)

During the summer of 1986, 13 Bush Kit instructors received training in Chisasibi in regards to the Bush Kit Programme.

Seventy-two (72) persons in charge of first aid were given the course in the eight Cree communities and forty-two new native persons in charge were trained.

PARTICIPATION OF THE VILLAGES TO THE BUSH KIT PROGRAMME ACCORDING TO THE VILLAGE

Village	1983	1984	1985	1986
Great Whale	11*	15	18	22 (17)**
Chisasibi	6	8	12	17 (38)
Wemindji	9	13	13	13 (20)
Eastmain	14	15	15	15 (15)
Waskaganish	0	7	9	15 (16)
Nemaska	0	1	10	12 (18)
Mistassini	0	5	16	26 (98)
Waswanipi	0	8	14	14 (51)
Total	40	72	107	134 (273)
Number of kits in circulation	65	97	132	150

Source: CBHSSJB - October 1986
* : Number of camps with a person in charge of the Bush Kit
** : Number of trapping areas

Number of calls from the bush and rate of medical evacuations in comparison to patients treated with the first aid kit (Bush Kit) according to the community
September 1st, 1985 - August 1986

COMMUNITY	Number of calls (health problems)	Number of persons treated in the bush with the Bush Kit	Number of calls requiring a medical evacuation
Great Whale	125	103 (82.4%)	4 (3%)
Chisasibi	57	38 (66.6%)	18 (38%)
Wemindji	70	64 (91.4%)	4 (5.7%)
Eastmain	18	13 (72.2%)	2 (11.1%)
Waskaganish	28	20 (71.4%)	1 (3.5%)
Nemaska	51	20 (39.2%)	11 (21.5%)
Mistassini	28	19 (67.8%)	5 (17.8%)
Waswanipi	19	11 (57.9%)	4 (21. %)
Total n	396	288	49
%	(100%)	(72.7%)	(12.3%)

Source: Bush Call Log Sheets, September 1st, 1985 - August 31st, 1986.

II Mother and Child Health

Distribution of individual consultations by the nursing and the medical staff as well as the CHR's, according to the mother and child health programme, by community, April 1st, 1986 to September 31st, 1986.

Community	Nursing & medical staff		C.H.R.	
	M.C.H.	Total # of cons. in comm. health	M.C.H.	Total # cons. comm. health
Great Whale	109 (12.2%)	889	11 (4.5%)	247
Chisasibi	1524 (44.6%)	3416	27 (4.7%)	576
Wemindji	258 (25%)	1032	10 (6.5%)	155
Eastmain	111 (22.2%)	500	14 (23.7%)	59
Waskaganish	360 (8.3%)	4318	-	-
Nemaska	158 (22.2%)	712	10 (35.7%)	28
Mistassini	444 (33.9%)	1311	54 (15.9%)	339
Waswanipi	141 (48.9%)	288	-	-
Total	3106 (24.9%)	12.466	126 (9.0%)	1.404

III School Health

School health was the dominant activity centre of community health in 1986-87. In addition to the regular programmes, several activities and projects were implemented and carried out in the eight schools of the Cree School Board:

1) "Preventive nutrition and dental health" programme (May-June 1986)

2) Toothbrushing and distribution of fluoride tablets (October - November 1986)

3) Anti-tobacco programme (Education guide on the use of tobacco and questionnaire given to students to determine the prevalence of cigarette smoking) October - November 1986.

During the month of March, two documents were elaborated in view of signing a service contract with the Cree School Board.

IV. Surveillance programme on the exposure to methyl mercury

This programme was applied in the eight Cree communities in August 1986, the joint work with the Northern Module and the Cree Regional Authority allowed for the increase in participation of the target-population in comparison to previous years.

Mercury surveillance programme in the Cree communities of James Bay, 1986.

Community	Target-population	Samples	Participation
Great Whale	208	193	93%
Chisasibi	980	631	64.4%
Wemindji	291	274	94%
Eastmain	112	106	94.6%
Waskaganish	320	272	85%
Nemaska	175	156	89.1%
Mistassini	664	458	68.9%
Waswanipi	256	157	61.3%
Total	3006	2247	74.8%

Mercury surveillance programme in the Cree communities of James Bay, 1982 - 1986.

Year	Community	Target-population	Samples	Participation
1982	3	711	310	44%
1983	8	2586	924	36%
1984	8	2586	1448	56%
1985	8	2586	1318	51%
1986	8	3006	2247	74.8%

V Tuberculosis screening and prevention programme

The incidence of infectious tuberculosis, for all the villages in region 10-B, has gone down in 1985 and 1986, and an improvement is noticed in respect to the participation of mass tuberculosis screening with the PPD. Also, the number of active tuberculosis cases has constantly been decreasing since 1982 (18 cases), to reach 0 in 1986.

The following table reports the evaluation of the tuberculosis programme for 1986 in region 10-B.

Participation of the population to the mass tuberculosis screening in the Cree communities of James Bay, 1986.

Community	Target-population	Pop. reached	% participation
Great Whale	200	195	97.5%
Chisasibi	676	521	77%
Wemindji	315	240	76%
Eastmain	124	100	80.6%
Waskaganish	540	508	94%
Nemaska	209	206	98.5%
Mistassini	1692	772	45.6%
Waswanipi *	-	47	-
Total	3756	2542	67.7%

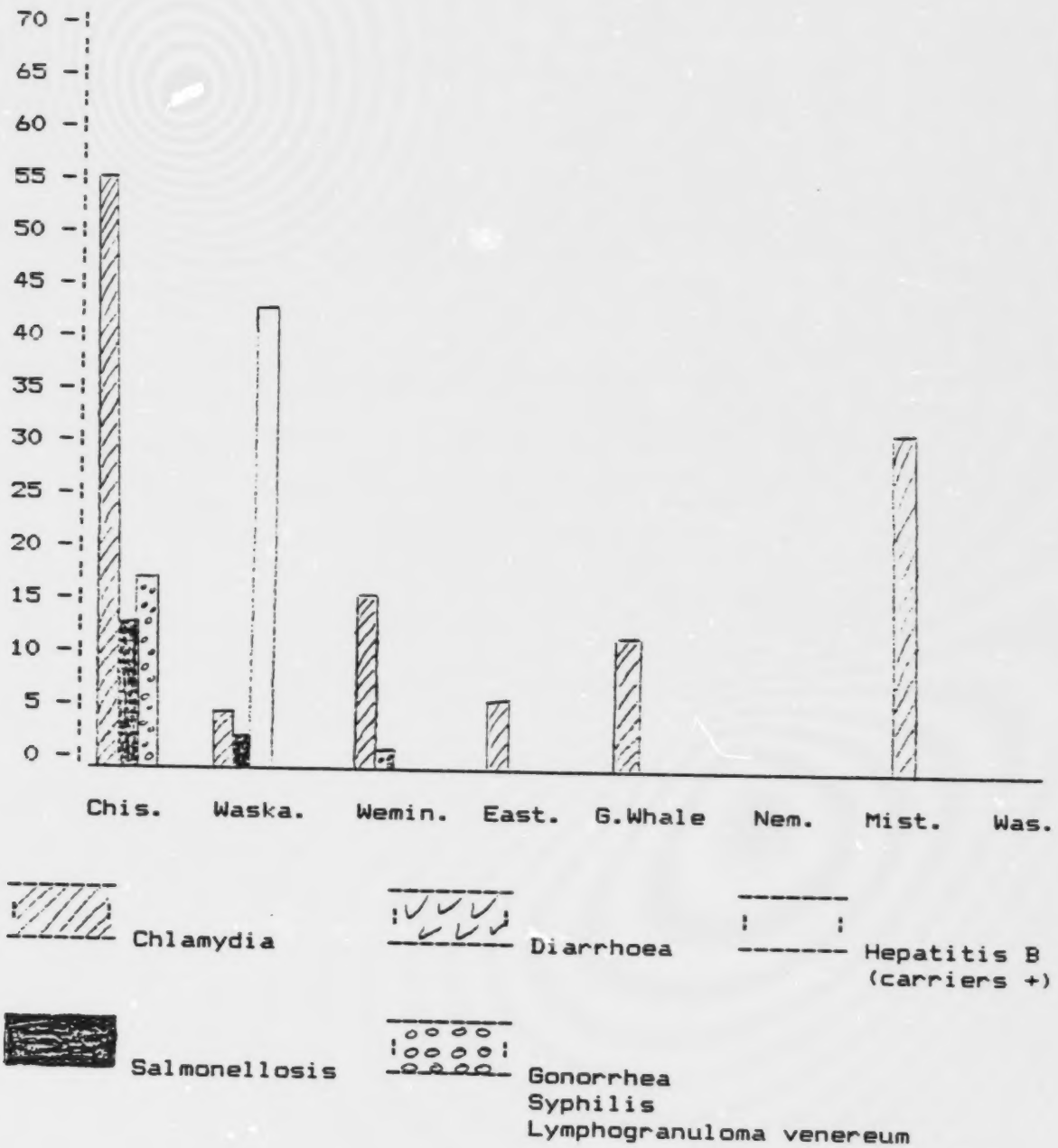
* Waswanipi is not included (inadequate information)

VI Declaration of infectious diseases in the Cree territory

In the field of reportable diseases, 1986 will have been characterized by an increase in sexually transmitted diseases and cases of Hepatitis B in comparison to a decrease of active tuberculosis cases (0).

The following table reports the incidence of these diseases in each community.

Total number of diarrhoea cases and infectious diseases observed during 1986 in each community, April 1986 - March 1987.



VII Audio-visual and educational material

One of the objectives of the triennial plan in community health was to produce audio-visual educational documents adapted to the native population.

Faced with this concern, fifty five (55) videotapes on community health programmes are available in Chisasibi and 21 videotapes were distributed in the clinics.

Within the project "identification of the needs in matters of communication" with the Ministry of Social Affairs, a subsidy request was accepted to make a video on the Bush Kit programme in Chisasibi.

VIII Vaccination programme against influenza

This programme is aimed at everyone aged 65 and over as well as children and adults suffering from a chronic respiratory, cardiac, renal, metabolic, haematological or immune deficiency.

The following chart reports the evaluation of the vaccination programme against influenza in each community during 1986.

Vaccination programme against influenza in the Cree communities of James Bay, 1986.

Community	Target-population	No. immunized persons	% of participation
Great Whale	36	30	83%
Chisasibi	138	112	81.1%
Wemindji	62	50	80.6%
Eastmain	33	25	75.8%
Waskaganish	65	38	58.4%
Nemaska	24	10	41.6%
Mistassini	128	50	39%
Waswanipi	80	70	87.5%
Total	566	385	68%

IX List of study projects, intervention and analysis in community health for region 10-B, 1986-1987.

In respect to research on Cree Indians, 2 projects were subsidized by the Ministry of Health and Social Services and carried out in our region in collaboration with the Quebec Northern Module and the department of community health of the Montreal General Hospital:

1. Evaluation of the functioning and the impact of the Bush Kit programme, first part.

2. Instrument set up and preparation of a protocol in order to evaluate the impact of the Community Health Representatives (CHR) in their respective milieu.

List of achievements in programming and documents in community health from April 1986 - March 1987.

Document	Resource	Deadline
Sexual awareness course for young adults (pilot project in Chisasibi)	CBHSSJB/Quebec Northern Module	March-April 1986
1986-1989 Triennial Plan in community health	CBHSSJB	April 1986
Orientation and training programme in community health	CBHSSJB	April 1986
1986-1989 planning of the Cree Indians' health	CBHSSJB	April 1986
Preventive programme in nutrition and dental health	CBHSSJB	May-June 1986
Education guide on the use of tobacco	CBHSSJB	September 1986
Preventive programmes in school health 1986-1989	CBHSSJB	January 1987
Population's perspective	CBHSSJB	March 1987
School health by community vs. the availability of the resources and the action priorities	CBHSSJB	
Service contract between the CBHSSJB and the Cree School Board	CBHSSJB	March 1987

SOCIAL SERVICES' ACTIVITY REPORT

SOCIAL SERVICES ACTIVITY REPORT

A word from the Director of the Social Service Centre...

The past year, 1986-1987, has been a year of development for Social Services.

Just before the end of the fiscal year, we opened the Upaahchikush Group Home of Mistassini. Temporarily located in Chibougamau, it will be moved to Mistassini Lake, as soon as the Ministry of Health and Social Services authorizes the construction of the building.

During the course of the year, we presented the Ministry with a development budget to increase our homecare services; we also had research done on the needs for such services.

By hiring a full time supervisor for the inland communities, we have increased a great deal the support given to community workers.

At the same time, through a service contract we had with Ville Marie Social Service Centre (V.M.S.S.C.) of Montreal, they supplied us with a consulting supervisor who met the community workers, six times during the year, and whose mandate was to help our DPS nativize our psycho-social intervention approach.

We have developed a new training programme for community workers with McGill University, this programme will hopefully be funded in the coming year.

In matters concerning youth and justice, we have made important headway in nativizing youth courts.

We renewed a service contract we had with Shawbridge Youth Centres and this latter helped us train the parental couples of both group homes "Weesapou and Upaahchikush", thus contributing in a very tangible manner in the nativization of our services.

In collaboration with the Planning, Programming and Research Consultant, we wrote a master plan for services to the elderly clientele. This plan focuses primarily on home maintenance for the elderly, which means we will need to develop furthermore our homecare service programme.

This, however, will be supported by institutional care for cases whose mental or physical health does not permit home maintenance. This implies developing resources such as group homes and hospital beds for elderlies.

These programmes and resources will be implemented as soon as the budgets come in from the Ministry of Health and Social Services.

It is also comforting to know that Social Services have met most of their objectives as defined in last year's programming.

Finally, let us mention our NADAP programme. Due to an extremely high turnover rate of coordinators, 5 in one year, the programme was very slow in getting started. However, the hiring of an inland coordinator in the last quarter of the year has improved things a great deal for the inland communities.

It is now possible to talk about community based programmes in primary prevention of drug and alcohol abuse for the communities of Mistassini, Chibougamau (Oujé-Bougoumou), Waswanipi and Nemaska.

Hopefully, the same thing will be done for the coastal communities in the coming year.

Lastly, in collaboration with the C.R.A. who hired a consultant to promote AA chapters in all the Cree communities, we have provided support to this project through our coordinator and prevention workers.

In the coming year, the main objectives of the management team in Social Services will be:

1. Nativization of the Management team

2. Training for the management and the staff

3. Development of new programmes for specific clienteles.

Mr. Fernand G. Filion

PROFESSIONAL SERVICES

In the Social Service Centre, the Director of Professional Services is responsible for the overall quality of social services offered to the population. To achieve this quality, those providing services must be knowledgeable, competent, concerned for their people and respected in their community. The last two characteristics are personal qualities; the first two are for the most part the products of training and education.

It is a tribute to the dedication of community workers that so much has been accomplished in the past year. As evidenced by the statistics, the number of interventions has more than tripled from the previous year. This has been particularly noticeable in the areas of Youth Protection and Young Offenders' cases. Those senior workers who had previous training in the first certificate course (1981-83) have been able to demonstrate the usefulness of this training through more efficient and effective work. Newer staff have not had this advantage.

To date, the Social Service Centre has not been able to provide the kind of training necessary for those engaged in this very difficult area of community work. Such training requires ongoing collaboration between Cree entities and the institutions able to provide training, but most of all it requires funds to set-up and offer courses. Until such time as the Ministry is able to ensure those funds, social services will not be able to provide as effectively as it should for the increasing and varied needs of the population. Training will be the major priority for the next three years.

Another area where training will become important is that of homecare. In the summer of 1986, former community worker Bella Petawabano completed the first study ever done on Homecare Services. Among Bella's recommendations are training programs for homecare workers in such areas as nutrition, health care, budgeting and child care. In this way, Bella thinks that homecare workers can work more in partnership with community work staff.

In the spring of 1987, Bella became the first Quebec Cree to receive her Bachelor's of Social Work degree from McGill University. We offer our congratulations to her for this important achievement.

An important addition to the social service staff occurred in September '86 when Michel Raiche was hired as a supervisor for the three (3) inland communities. Having a supervisor "on site" can be a great asset to workers who no longer always have to "call Chisasibi" for help.

During the year, several other new staff members have been hired. In Mistassini Raymond Nakogee began work in January 1987. With Jane Blacksmith he completes the present complement of community workers in Mistassini.

In Nemaska, Evadney Mettaweskum is now the community worker on a half-time basis. In Great Whale, George Masty returned from educational leave and replaced Agnes Kawapit as full-time community worker.

In the near future it will be necessary to increase the number of workers in each community. Until now, NADAP workers have been carrying caseloads, especially those relating to drug & alcohol abuse. As the NADAP workers must move into their new program of community projects and education, the community workers will have to cope with much heavier caseloads. With adequate training and supervision we hope to be able to obtain a clearer picture of what workers must and can cope with, and proceed accordingly to fill the gaps.

Policies and procedures have been completed on referrals from medical and nursing staffs, and on the placement of adults in foster care. A new procedure has been established on parental expenses for travel to court or to out-of-town reception centres. In addition, the "Policy & Procedures Manual" has been revised and updated.

During this past year our consultation contract with Ville Marie Social Service Centre has been revised and amended. Consultant Joy Smith has had a long and worthwhile relationship with Cree Social Services, and her contributions to the development of staff and services have been most impressive. During 1986-87, she has travelled to Chisasibi, Waskaganish, and Mistassini, and met with all of the workers.

Also during the past year the Director of Professional Services has made three visits to Mistassini, three to Great Whale, and one each to Waskaganish and Nemaska. These visits are an important element in understanding the unique needs, characteristics and resources available in the territory so that all communities eventually receive the service to which they are entitled.

STATISTICS 1986-1987

BENEFICIARIES

	CHILDREN		ADULTS		TOTAL
	M	F	M	F	
a) Beneficiaries registered in active files (As at 01-04-86)	443	318	236	257	1,254
b) New beneficiaries (1986-87)	114	92	46	77	359
c) Total number of aided beneficiaries/year	557	410	282	334	1,583

ACTIVE FILES

	CHILDREN	ADULTS	TOTAL
As at April 1st, 1986	389	162	551
Opening/year	333	175	508
Closure/year	201	99	300
As at March 31st, 1987	557	238	759

FILES/ACTIVITY CENTRES

YOUTH AND FAMILIES
(other than Y.O.A. & Y.P.A.)

ADULTS AND OTHER SERVICES

	YOUTH COUNSELLING	CHILDREN PLACEMENTS		FAMILIES COUNSELLING	ADULTS				ELDERLY			COMMUNITY PROJECTS	HOME CARE		
							PLACEMENT			PLACEMENT					
		FOSTER HOME	RECEPTION CENTRE		COUPLES COUNSELLING	INDIVIDUAL COUNSELLING	FOSTER HOME	RECEPTION CENTRE	COUNSELLING	FOSTER HOME	RECEPTION CENTRE		ADULTS	FAMILIES	ELDERLY PERSONS
CHISASIBI	61	25	8	15	8	31	3	2	2	1	0	0	1	5	4
MISTASSINI	11	11	2	5	3	11	0	0	3	0	0	4	0	0	9
WASKAGANISH	16	17	3	8	7	16	1	0	0	0	0	4	2	2	9
WASWANIPI	25	48	9	1	0	42	0	0	5	4	0	0	5	1	14
WEMINDJI	6	5	1	11	8	2	2	0	2	2	0	0	1	1	4
EASTMAIN	16	2	0	0	0	1	0	0	0	1	0	0	3	0	5
GREAT WHALE	13	0	2	20	0	23	0	0	6	0	0	0	0	0	5
NEMASKA	0	3	2	6	1	2	0	0	0	1	1	0	0	0	4
TOTAL FOR THE YEAR	148	111	27	66	27	128	6	2	18	9	1	8	12	9	54

INTERVENTIONS BY TYPE

COMMUNITY	INFORMATION	TECHNICAL AID	POTENTIAL CASES	CONSULTATION	
CHISASIBI	270	39	111	1824	
MISTASSINI	251	85	132	248	
WASKAGANISH	369	85	356	358	
WASWANIPI	834	283	599	825	
WEMINDJI	83	11	62	183	
EASTMAIN	228	14	321	77	
GREAT WHALE	141	13	16	193	
NEMASKA	6	2	105	61	
TOTALS 1986-87	2182	532	1702	3769	8185
TOTALS 1985-86	719	259	441	1214	2633

YOUTH PROTECTION

Following last year's production of a document called "Equality in the Difference", we entered into a long consultation process with the bands, asking them their opinion on the proposals set forth in the document and requesting band council resolutions (BCR) supporting the recommendations of the document.

The document proposes the nativization of the youth court system. We are happy to report that we received BCR's from nearly all the bands supporting the nativization project.

The document has been returned to our legal advisor so that he may integrate the recommendations received during our consultation process. The revised document will be presented at the Annual Meeting of the CRA/GCCQ sometime in August 1987.

It is worth mentioning that the Provincial Justice System is very receptive to the idea of Native Courts which would operate through Justice Committees and native Justices of the Peace.

We have also provided the community workers with two training sessions given by our legal advisor, and dealing with the intricacies of the Youth Protection and the Young Offenders Acts.

In order to prevent sentencing for small offenses through the Young Offenders Act, we were actively involved in setting up an alternative measures programme as a pilot project in Chisasibi. Proposals were written and contacts were made with a department from the Ministry of Health and Social Services who subsidizes community organizations for such projects. We hope to set up such an organization and request fundings during the summer of 1987.

Finally, we have been involved in building a bank of security guards to escort protection and young offenders cases when they go to court or to watch over inebriated or "acting out" youth when they are placed in the hospital security room.

Naturally, besides the development aforementioned, the Youth Protection service offered services to all of the Cree communities through the Community workers who are the D.Y.P.'s delegates. The following statistics will tell us the number of beneficiaries we have dealt with in the course of the year, and the types of services we have offered to youths through the application of the Young Offenders and Youth Protection Acts.

Our priorities for 1987-1988

- We will be going further in the recognition of Cree customs at the Youth Protection level

- We will complete the development of a bank of security guards for escorts and supervisory care

- We will improve the quantity and the quality of services offered by the D.Y.P.

- We will increase the D.Y.P.'s participation in the NADAP programme.

YOUTH PROTECTION STATISTICS

		1986-87	1985-86
a)	No. of descriptions:		
	- Young Offenders' Act	189	79
	- Youth Protection Act (art. 38)	338	108
b)	No. of decisions rendered:		
	- Descriptions not kept	30	9
	- Voluntary Measures	150	64
	- Court referrals	86	30
	- Other measures		28
c)	Aided children as of March 31st, 1987		
	- Young Offenders Act:	189	79
	- Y.P.A. (art. 38)	338	108
	- Y.P.A. (art. 48)		45
	TOTALS	527	232
No. of Adoption Files		33	23

GROUP HOME SERVICES

The Weesapou Group Home provides group care services to Cree youth from the five (5) James Bay coastal communities of Waskaganish, Eastmain, Wemindji, Chisasibi and Whapmagoostui.

The staff complement at the group home is the following:

one (1) coordinator
one (1) child care worker
four (4) houseparents [two (2) couples] full-time
one (1) relief houseparent couple, part-time

TOTAL: 8 group home staff

The Weesapou Group Home as a programme is terribly under-funded by the M.H.S.S. The operating budget for 1986-87 was $172,000. The average cost of a rehabilitation group home in the Montreal area is between $250,000. and $280,000. An important point to consider is that while salaries on the whole are lower in the James Bay area than in the metropolitan centres of southern Quebec, the costs of goods and services are 20% higher in the north. In June 1986, a development budget was submitted to the M.H.S.S. requesting additional funds of $163,350. for the rehabilitation services of region 10-B. Of those funds, $45,000. was to supplement the operating expenses of the Weesapou Group Home, $51,500. for the first stage of development of the Centre d'Accueil de Réadaptation Nordique, $19,250 for training programme for Cree houseparents, childcare workers or special care counsellors and $47,600 for a social science research project into the social problems of Cree youth.

The under-funding at the Weesapou Group Home has prevented the CBHSSJB to put the houseparents on the regular payroll, instead they are paid a daily rate of $74.^{00} under the provisions of a service contract. Also training courses and programme development have suffered greatly due to a lack of financial resources.

Record of Principal Activities:

Statistical Summary April 1st, 1986 - March 31st, 1987

Total number of youth in placement		24
Teenage boys		16
Teenage girls		8
Young Offenders Act (YOA) Open Custody Placements		8
Youth Protection Act placements		16
Article 38 Court order		3
Voluntary Measures	Article 54	11
Urgent Measures	Article 46	2

Total jour de présence	2048 days
Home visits by group home clients	377 days
Back-up Reception Centre	79 days
Hospitalization	9 days
AWOL	19 days
Discharged clients	17 clients

The average number of clients per day at the Weesapou Group Home 8.4 clients

The Weesapou Group Home operating permit is for seven (7) clients

Number of youth on waiting list 4 clients

Programme:

1. The Traditional Activities Programme is an integral part of the educational and counselling process at the Weesapou Group Home. In the bush, the social organization of the camp is well defined. Standards and expectation for behaviour are explicit. Roles for a teenager are clear. Cultural training in the Cree way of life also takes place. The significance of this aspect of the programme as a rehabilitative and clinical tool is misunderstood and underrated. It is a cornerstone of the treatment process for Indian youth.

   The group home attempts to follow the yearly cycle of the Crees' traditional activities. For example, in the spring when the geese return to the sub-arctic and arctic regions of Quebec, the group home will go on "goose break". The following is a summary of the traditional activities during the past fiscal year:

   a) Spring Camp Preparation - April 26-30, 1986 5 days

   b) Spring Goose Camp - Seal River - May 3-21, 1986 - 18 days

   c) Summer Fishing Trips

Seal River	July 1-5, 1986	5 days
Kanaaupscouw River	July 9-19, 1986	11 days
Seal River	July 26-August 2, 1986	8 days

   d) Fall Goose Camp - Seal River
   September 13-27, 1986 — 15 days

   e) Winter Camp Preparation Sakami River
   February 6-8, 1987 — 3 days
   February 13-14, 1987 — 2 days

   f) Caribou Hunt Camp Sakami River
   February 10 - March 8, 1987 — 27 days

Total overnights in pursuit of traditional activities	94 days
Weekend day trips from the village hunting small game and fishing	12 days
Total days traditional activities	106 days

2. School Programme

In almost all cases, the group home youth attend the James Bay Eeyou School, a two minute walk from the group home. The group home youth carry a daily attendance sheet and the teacher in each class is required to sign acknowledging the students' presence, attitude, behaviour and if there was any homework. This procedure helps the group home staff monitor school attendance and performance. We have found that a high percentage of group home youth are behind in school, have learning disabilities and behaviour problems. While a few students are in the regular programming at the secondary level, the majority of the clients are in special classes. The main goal for group home youth is to attend school and to learn the basics - develop an ability to write and read. The socialization process is also an important factor. The youth learn to get along with their peers, teachers etc.- important life skills. The group home staff work closely with the Eeyou school teachers, administration and student services to ensure a coordinated approach to working with the group home clients. The past school year was very successful in regards to the group home youth attending classes and their behaviour in the classroom.

3. Cultural Exchanges with Shawbridge Youth Centres in Montreal. During the Winter Caribou Hunt, February 26-March 4, 1987, 3 group home clients and 3 staff from Shawbridge were provided with an opportunity to experience firsthand the richness of the Cree culture. Relationships and friendships were formed and a great deal of sharing took place amongst both the white and the native youth in care. Plans are set for the Weesapou Group Home to complete the exchange by visiting Shawbridge in Montreal during the summer 1987.

4. Native Crafts Project - During the spring, summer and fall of 1986, group home clients and staff were busy making traditional woodland Indian crafts and tools. This included the following: snowshoes, moccasins, gloves, goose down sleeping blankets, wooden canoe paddles, ice fishing shovels, snowmobile trailers or sleds, rifle and shell cases and bags for tea, sugar etc... This programme was funded through a grant from the Quebec Ministry of Justice "Comité de Protection de la Jeunesse".

5. Assessments, Treatment planning and Family work - During this past year, there has existed a need to develop a better assessment and admissions policy for the group home. In some instances, youth have been admitted to the group home without a social assessment and with little planning beyond the immediate crisis. There continues to be confusion over

roles at the admissions level and in the role the group home parents have in work with the family. The group home attempts to engage the natural parents, foster parents as partners in the caring process. This approach has some logistical difficulties with youth from other communities but on the whole has been successful. In two special cases the group home has called on the services of Estelle Turner, the assessment and admissions coordinator at Youth Horizons in Montreal to assess group home youth in relation to treatment issues and planning. A priority for 1987-88 will be to clarify the admissions procedures and the roles and responsibilities of all those parties involved.

Training

The key to the development of a successful group home programme is the special instruction and educational training of the staff employed to work with the youth. In order to facilitate this, Cree Social Services has had a professional service contract with Shawbridge Youth Centres in Montreal since September 1985. Each house parent couple has had at least fourteen (14) days of basic orientation and training at Shawbridge during the fall of 1985 and winter or summer of 1986. In each visit, the Cree houseparents lived in a Shawbridge group home and observed the SYC staff in their duties. A Security and Safety Workshop was also held in Chisasibi - June 18-20, 1986, for houeparents and security personnel. A nutrition seminar was conducted through the local clinic for the houseparents.

Preliminary discussions have begun with Vanier College in St-Laurent and Champlain Regional College in Lennoxville to develop a special care counselling certificate programme for Cree houseparents and childcare workers. This course would be given in the Cree territory.

Instruction also takes place at the group home during the weekly staff meeting and with supervision done while working. In September 1986, a two day staff retreat was held in Chisasibi.

Conferences or Programmes Group Home Staff attended:

a) Nova University Child Care Administrators Colloquium Fort Lauderdale, Florida, July 21-25, 1986

b) Confederated Tribes of Warm Springs, Oregon on site visit to their Group Home and Youth Services Programme March 11-13, 1987

c) The Northern Conference - "Community and Northern Justice" Whitehorse, Yukon March 15-20, 1987

Miscellaneous

1. Life skills and vocational programme development. Visit by Claudia Chauvet and Gil Groome, November 3-7, 1986, and evaluation report.

2. Université de Montréal, School of Criminology, Field Placement of Josée Quesnel, September 15 - December 17, 1986. Final paper - "Delinquency and Alternative Measures Programme Development" a report on the delinquency problem in Chisasibi and the need for community involvement in the youth justice process.

3. Visit by the Shawbridge Youth Centres Admissions and Assessment Coordinator to the Weesapou Group Home, February 16-20, 1987.

4. Visit by Shawbridge Youth Centres' Director of Treatment to Chisasibi, July 7-14, 1986.

5. Upaahchikush House Parent Training held at the Weesapou Group Home and bush camp, February 16-24, 1987.

1987-1988 Plans

1. The hiring of a native coordinator and childcare worker to complete the nativization of the group home programme.

2. Secure the development budget funds from the MHSS.

3. Place the house parents on the regular CBHSSJB payroll with the educator job classification.

4. Continue the training of house parents. Develop training packages for the childcare worker and group home coordinator.

5. Complete the cultural exchange programme with Shawbridge Youth Centres.

6. Development of a family intervention programme to be implemented in collaboration with group home staff and community workers.

Upaahchikush Group Home
951 Moisan
Chibougamau
Quebec G8P 1M9
(418) 748-4641

During the 1986-87 fiscal year, the Upaahchikush Group Home was in the planning and development stage. A functional plan was drawn-up and submitted to the MHSS. Band council resolutions supporting the group home were received from Mistassini, Nemaska and Oujé-Bougoumou. Also CSS Chibougamau and the Chibougamau Indian Centre sent letters to the MHSS supporting the project. Operating expenses were provided by the MHSS but not funds to build a facility. As there was no building available on the Mistassini Reserve and there existed a need for community rehabilitation services for Cree youth, it was decided to open the group home temporarily in Chibougamau until funds can be secured to build a group home in Mistassini.

A lease was signed for twelve (12) months in February 1987 for a large 5 bedroom house in Chibougamau. During January-March, renovations took place and equipment and furniture was purchased.

Two (2) house parent couples from Mistassini were hired in December, 1986. The house parents' training and orientation for the Upaahchikush Group Home took place in late January for one week at Shawbridge Youth Centres and for one week at the Weesapou Group Home in Chisasibi during February.

The Upaahchikush Group Home opened its doors for clients on March 23rd, 1987.

THE ALCOHOL AND DRUG ABUSE PREVENTION PROGRAMME

This programme is funded by the Ministry of Health and Welfare Canada through its National Native Drug and Alcohol Abuse (NNADAP) programme.

Essentially, it is a primary prevention programme geared towards native youth.

It is a community based programme in the sense that it tries to initiate the creation of a local committee in each of the communities.

These committees would hopefully distribute information about drugs and alcohol to youth and adults.

The drug and alcohol prevention committee is a consultative group who promotes sobriety through community activities such as leisure, sports and community development.

In order to achieve these goals, we have NADAP prevention workers in each of the communities. In the smaller communities, we have a half time worker, in the bigger ones a full time one. Their job is to encourage the participation of the communities in specific preventive activities.

Most communities show a lack of knowledge and involvement in dealing with substance abuse and its related issues, and one of the objectives of the NADAP programme is to overcome this apathy.

The prevention workers are guided in their tasks by two coordinators, on for the inland communities and one for the coastal communities. These coordinators are managers who must supervise the prevention workers, but they must also be community organizers.

In the past year, we have had some difficulty with this programme, we were not successful in initiating community based programmes. The reason for this shortcoming is simple, we went through five (5) coordinators in one year. Both the inland and the coastal communities were without a NADAP manager for many months. Without any supervision and support, the prevention workers were unable to initiate community involvement programmes.

However, the prevention workers were involved in helping the community workers in their caseloads dealing with alcohol and drug abuse. This brought about tangible results, five (5) clients were sent to a detoxication centre in the course of the year.

Lastly, the NADAP programme subsidized four (4) training sessions during the year, these sessions were essentially for the prevention workers, but the community workers were able to attend one of these sessions, therefore multiplying the benefits of the training.

In the last quarter of the year, we hired a coordinator for the inland communities, this person is stable in her job and has been actively involved in setting up community based programmes in Mistassini, Chibougamau, Waswanipi and Nemaska. We foresee much development in this sector for the coming year.

Our objectives for the coming year are:

- to set up a drug and alcohol prevention committee in each community
- increase the training of prevention workers in community development skills
- to set up a drug and alcohol prevention resource centre
- to organize a regional conference on drug and alcohol abuse prevention in the James Bay territory
- to promote the feasibility study for a treatment centre in our region.

CONSULTATIVE COMMITTEES

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS (CPDP)

The C.P.D.P. has, according to the law, a very important role in assuring professional competence of it's members and the quality of medical care in the region. The current chairman is Dr. Jeffrey Tyberg.

However, The C.P.D.P. is limited by several important factors:

- its members are scattered throughout the region, and many cannot attend meetings. Those who live in Chisasibi also visit communities and the south, and it is rare to have meetings fully attended even by them.

- our professional members are young and inexperienced, in general, and don't tend to stay very long in the north.

- the Health Board has still not organized the Delegated Medical Acts. Thus, the responsibility of the C.P.D.P. over nurses in the villages, who often deliver medical services, is difficult to exercise.

1986-87 was a year of maintenance activity for the C.P.D.P. and saw no radical changes. There were no complaints against its members, and no' main studies on mortality and morbidity were brought forward during this year.

In 1987-88 our council will be more stable and will work on advancing certain files.

ADMINISTRATIVE SERVICES' ACTIVITY REPORT

ADMINISTRATIVE SERVICES' ACTIVITY REPORT

A word from the Assistant General Manager - Administrative Services...

The year which ended on March 31st, 1987, was, once again, a very active one for the Administrative Services. Without going into too many details, let us point out the overall major achievements which characterized the Administrative Services in 1986-87:

Since training is a major objective of the CHB as a whole, it goes without saying that we tried very hard to put into practice what is being preached. Therefore, we....

- purchased data processing equipment for the CHB's secretaries and offered, to the majority of them, a training programme in word processing. This brought about major changes in the secretarial way of working and considerably increased the efficiency of all services;

- hired a training coordinator so that the CHB's approach to training is consistent with its mandates, so that more training programmes are implemented and more funds allocated to the CHB by outside sources of funding.

- developed and implemented a training programme for the staff in the Finance and the Human Resources Departments in order for the pay system to run more smoothly;

- implemented a training programme for ambulance technicians in Mistassini.

- encouraged our Director of Auxiliary Services to improve his knowledge of the French language at the University of Ottawa;

- performed a study on our cleaning methods (hospital and clinics) and developed a training programme based on the results of the study.

Our management methods were greatly improved by the adoption and the implementation of new policies and procedures (Patient Transportation, Escort, Travel expenses... to name only a few), by the clarification of roles and mandates of many of our employees (namely within the Human Resources Department), by improving our communication approach with the other services of the CHB.

The challenges we will be up against are enormous; whether it be in training, in the modernization of data processing systems, or in utilizing our human, material and financial resources to their full potential. The present Administrative Services team is more than capable of meeting these challenges. I wish to offer my greatest thanks to each and every member of that team.

Richard Vézina
Assistant Director General -
Administative Services

HUMAN RESOURCES DEPARTMENT

Having as background the constant concern to improve the quality of life at work, the human resources team put emphasis on its communication with the privileged persons it deals with: the employees, in regards to their working conditions in general and in relation with management information.

Last year was, without doubt, a strengthening period of various personnel management processes and policies for the human resources department via the standardization of various types of activities, particularly in the following fields:

- recruiting methods
- management of positions
- management of fringe benefits
- employees' files
- the department's administrative files
- revision of policies relating to working conditions
- administrative organization of the department

Among the factors which positively contributed in the increase of the manpower's level of satisfaction, let us mention the construction and the renovation of lodging units used by the non-resident employees as well as the Cree Health Board's financial participation in social types of activities.

We were also able to establish relationships with other organizations in the hopes of increasing our pool of potential applicants, especially in the area of nursing. Let us point out the exceptional participation of the Canadian Red Cross to the gradual reduction of a perilous situation at a time when there was a serious shortage of qualified personnel.

Furthermore, despite a still significant general turnover rate this year, efforts at the development level were noticed, especially with the hiring of a second administrative technician and a training coordinator. Under this chapter we can refer to:

- information sessions on health and safety and the risks associated to work,

- programme on the adaptation to norms relating to health and safety,

- institution of a welcoming programme for non-resident employees,

- standardization of departure interviews in the hopes of finding solutions which would help reduce the turnover rate,

- introduction of data processing, allowing for a quicker processing of information and a better reliability of data.

- adoption of a training policy and a programming for 1987-88 emphasizing our concerns for nativization at the Cree Health Board and the improvement of the manpower's qualifications.

The emphasis in the upcoming year will mainly be on the re-defining of our mission as a support service to the organization, and this, within the framework of a new organization plan and thus a new structure of service delivery.

The objectives mentioned in the 1986-89 triennial plan have for the most part been met or are in the process of being achieved; throughout the next few months we will have to adapt our action to this new reality as we participate to this restructuring in an active manner. The challenge is a sizeable one but we will be in a position to carry it through.

In order to increase the efficiency of our services, we will therefore have to, if necessary, rethink and restructure some information routes and decision levels in matters relating to the management of human resources, to retain only the advisory and coordination functions (for example in the area of recruiting and of current management of working conditions).

By increasing the volume and the quality of management information communicated to the managers, we believe that we are favouring a greater imputability in regards to the performance of their unit and thus, a growth in the quality of services offered to beneficiaries.

Also, with the institution of orientation and evaluation policies, the employee will be in a position to define more adequately his/her contribution to the reach of the organization's objectives, thus creating an increase of his/her level of satisfaction and, by the same token, of his/her productivity.

We will also concentrate our efforts on the improvement of working conditions, especially in the hopes of increasing the period qualified personnel remain within the organization. To this effect, our presence at conference tables at the regional level may contribute in the realization of this objective.

C.P.H.S.S.J.B.

TURNOVER RATE

EMPLOYMENT CATEGORY - RESIDENTS -vs- NON-RESIDENTS

01-04-86 / 31-03-87

Personnel Category	Number of Positions			Departures			Turnover Rate		
	Resident	Non-Res.	Total	Resident	Non-Res.	Total	Resident	Non. Res.	Total
1) Managers	5	21	26	-	7	7	-	33.3%	27.9%
2) Professionals	1	11	12	-	2	2		18%	16.6%
3) Nursing Hospital	-	17	17	-	13	13	-	76.4%	76.4%
4) Nursing Clinics	-	18	18	-	11	11	-	61.11%	61.11%
5) Nursing Total	-	35	35	-	24	24	-	68.5%	68.5%
6) Clinical (Non Professional)	25	-	25	5	-	5	20%	-	20%
7) Non Clinical	84	7	91	6	3	9	7%	42%	9.8%
Total	115	74	189	11	36	47	9.56%	48.6%	24.8%

C.R.H.S.S.J.B.

(1)

NURSING TURNOVER RATE

COMPARATIVE PERIODS (01-04-85/31-03-86) - vs - (01-01-86/31-03-87)

Period Covered	Number of Positions			Departures			Turnover Rate			Average duration of employeent
	Hospital	Clinics	Total	Hospital	Clinics	Total	Hospital	Clinics	Total	
01-04-85 to 31-03-86	17	18	35	6	12	18	35.3%	68.7%	51.5%	66% of one year
01-04-86 to 31-03-87	17	18	35	13 (2)	11	24	76.4%	61.11% (3)	68.5%	59% of one year (4)

(1) This personnel category was isolated due to the high turnover rate. By omitting the nursing staff from the total of employees. The turnorver rate would be of 14.9% in comparison to 10.5% last year.

(2) Most departures took place between 01-04-86 and 08-11-86 (C.F. personnel turnover rate, employeent category, residents -vs- non-residents, Nov 86)

(3) The constant in regards to the turnover rate in the clinics may be explained for the most part by the more acute isolation, the level of professional stress being higher and the withdrawal in January 86 of one benifit (grocery cargo) and the non-competitive position of our organization in comparison to other northern establishments in this area.

(4) The average duration of the nursing staff's employeent is a little over 6 months.

C.B.H.S.S.J.B.

NATIVIZATION RATE

31-03-86 / 01-04-87

Employment category	Positions held by residents (1)		Percentage of Increase
	on 31-03-86	on 01-04-87	
1) Managers	5	5	10.5% more resident employees holding positions (II) in comparison to 8.8% for non-residents during the same period.
2) Professionals	0	1	
3) Nursing	3 (2)	0	
4) Non professional clinical	34 (3)	25	
5) Non-clinical	62	84	
Total	104	115	

(1) The term "residents" has the same meaning as the law on income tax

(2) This category used to include nursing assistants who are now part of the "clinical, non professional" category

(3) This category used to include the homecare workers who are now part of the "non clinical" category

AUXILIARY SERVICES

SYNOPSIS:

The section of the Annual Report as prepared by the Director of Auxiliary Services falls into pre-determined schedules as dictated by the structure of the whole organization. With the foreseen changes of the organizational structure then perhaps the proposed version of Annual Report may be adhered to. Structure has been that all the daily statistics are updated by the Finance Department and reported in that section of the Annual Report. We, nevertheless will concentrate within the department highlighting the activities of the past fiscal year.

1. HOSPITAL CENTRE:

TRIENNIAL PROGRAMMING:

Within the document there were number of items focused and envisioned for the past fiscal year for the Hospital Centre. Each sub-service within the centre had accomplished a number of the activities and some areas had to revise deadlines to make for a more realistic schedule.

1.1 Maintenance and Repairs:

The concentration was emphasized for the maintenance & upkeep of the building and its equipment. The interior of the building was painted, including physical repairs and renovations for better unit functionings.

Plans and documents requesting funding from the Government have been forward for a warehouse. The hopes are that this addition will alleviate the problems of storage space within the building. The relocation of the maintenance shop is included in these plans; the present shop would give the much required addition to the cafeteria and kitchen services. A comprehensive maintenance schedule was prepared and includes other buildings as well. This will provide information on the schedule of duties throughout the year and will serve to benefit in reduction of the costs of replacement equipment by early detection. This process will be extended to other community clinics.

Still in the planning stages is the training to provide for the staff. The objective was to base the desired training on the maintenance document. This evaluation process could very well be an on-going procedure for the fiscal year to follow.

1.2 Housekeeping:

The main concern anticipated was the control of the possible spread of contagious diseases. The cleaners being under the supervision of Auxiliary Services are to be trained in procedures to make them aware of their responsibilities in the control process. The success of the program will not be available until next Annual Report. It is however to be reported that progress of the activity is within the anticipated schedule.

1.3 Kitchen:

The introduction of the cafeteria policy met up with some opposition in the beginning. However, results indicate that it was a very positive move. While we were able to maintain the cost of "other direct expenses" within budget we, in reality, had cut these costs by twenty thousand ($20,000) dollars from the previous fiscal year!

As a whole the services' expenses are appreciably, more or less the same as the previous year. This is a very substantial accomplishment considering the increase in the cost of food.

A course on diets for the hospital patients was given to the kitchen employees by the CHB's dietician.

1.4 Laundry:

This past fiscal year saw the first complete season with the present service contract. The result was, for the past year, a difference between the actual and the budget of about ten thousand ($10,000) dollars.

1.5 Communications:

There is an anticipation of great results of this section following the comprehensive strategy paper of the Cree Regional Authority. The decision to update the internal telephone system was stalled on the account of the amalgamated efforts of the whole region for a better and updated system.

2. INSTALLATIONS & MAINTENANCE:

2.1 Chisasibi:

Renovations and re-modeling of the two buildings built in 1970 and moved in 1980 are about completed. Each of the eight units of the buildings needed some carpentry and painting of the entire place. These have attracted tenants whereas before people were a little hesitant to move.

Other buildings in Chisasibi are reasonably in good state. There are no major repairs of buildings foreseen, however, the regular upkeep for the next few years (on a rotation schedule) will be done.

2.2 Wemindji:

The advantage of the winter road into the community made for a comparable low budget completion of another apartment in the basement of the residential building. This will give two additional bedrooms with kitchen and living room. For more flexibility for the ever-expanding clinic.

2.3 Waswanipi:

The local Band Council have finalized their efforts to construct a four unit apartment building to be made available for the personnel. The anticipated completion date would be sometime late summer '87.

2.4 Waskaganish:

An alarming relevation of the danger of a possible mud-slide of area on which the clinic is situated have activated the Band into an investigation. The office of the Director-General are in close contact with the Band as well with the Ministry.

2.5 Eastmain:

Finally, the personnel of the clinic building can accomplish their work in warmth and comfort. A persistent deficiency in the heating and ventilation system has finally been corrected over the winter months.

3. PATIENT SERVICES:

3.1 Chisasibi:

The service was transferred from the nursing department in November 1986. Since then the service has functioned as before without too many changes. There are presently plans to incorporate this service into a specialized unit of the Cree Health Board. The functions and development will be made available in the next report.

3.2 Cree Patient Services - Val d'Or:

The specific responsibility of the Cree Patient Services is to promote and maintain quality health services for the Cree population of region 10-B. And to ensure, by the same token, an adequate medical follow-up and to facilitate communication between the various persons involved.

In order to improve the efficiency of our Department, we have acquired the services of a second nurse at the beginning of 1986.

A new schedule was made with the arrival of a second permanent transportation attendant. The transportation service can answer the needs of our beneficiaries more quickly and effectively, especially during certain rush hours.

During 1986-87, over 10,500 transportations were done without taking into account the various trips for the mail, the pharmacy, parcels to the airport, bus, deliveries or purchases.

However, the interpreting services are unstable. In spite of the recruiting difficulties, we have maintained the same activities by relying on the valiant collaboration of the escorts present in Val d'Or.

The temporary housing for our beneficiaries are constantly changing. Emphasis will be put on advertisement, in order to increase the number of foster homes during the coming year.

We wish to congratulate the Val d'Or Friendship Centre, for the renovation works done to their centre for our clientele's benefit.

For 1987-88, we foresee a substancial expansion of our premises within the St-Sauveur Hospital Centre, in order to favour a more profitable working atmosphere for our employees, to facilitate a better quality of communications, to give information to the Cree clientele on the adequate use of Health Services so that they become more autonomous.

Furthermore, we are considering the possibility of having an examination room in order to avoid the long waiting periods in the outpatient clinic. This will also allow us to intervene more adequately with various medical interveners and our Cree clientele.

COMPARATIVE CHART OF ACTIVITIES

	1984-85	1985-86	1986-87
Patients:	2,248	2,229	2,293
Housing:	4,684	5,273	6,466
Hospitalizations:	2,772	3,041	2,931
Clinic:	1,457	1,973	2,362
Escort:	1,579	2,061	2,495
Outside consultations: (Amos, Rouyn-Noranda)	342	360	166
Transportation:	6,881	8,671	10,565

4. 1987-88:

RE-ORGANIZING OF THE DEPARTMENT:

Within the new organization plan, the directorship will be geared less into the daily functioning of the installations. However, the directorship will dwell into planning and organizing different activities towards the upkeep of the existing installations. As well, the forecasting of additional requirements and proceeding to activate the feasible and realistic demands.

The immediate course will be (even before the actual re-organization) plan and organize the department. Establishing of procedures to the daily functioning of the department, as well the re-organizing of personnel. The whole process should be smoothened out early into the new year (1988). However, within the existing three year plan (1986-89), the activities of the department for these years should not be interrupted.

COORDINATION - INLAND

INTRODUCTION

The hiring of an administrative coordinator for the inland communities was done approximately at the same time as the beginning of the 1986-87 fiscal year. His offices are located in Mistassini, and he sees to the management of human, financial and material resources related to the activities of the Cree Health Board in Mistassini, Waswanipi and Nemaska. He also takes part in programming and development.

During the course of the year, two other positions were filled "Inland"; the position of Assistant to the Director of the Community Clinics and the position of Social Supervisor. These two positions are under the responsibility of Chisasibi but with the development of a L.C.S.C., these incumbents will make up a more functional administrative team.

For the time being, we will find, in the following pages, a description of the activities relating to the administrative services for the inland communities.

TRANSPORTATION

The transportation of beneficiaries to hospitals where more specialized treatments are available ended up being a very important file to be dealt with by the Administrative Services-Inland. Amongst the activities pertaining to transportation, let us mention:

- Creation of a full-time job of vehicle driver in Waswanipi, so that the CHB's beneficiaries may go to the Chibougamau hospital 5 days/week.

- Creation of a full-time job of vehicle driver in Mistassini, (Mistassini - Chibougamau 5 days/week).

- Contract agreement signed with Agence Soleil d'Or in Chibougamau. This travel agency manages the booking of airplane tickets for patients and employees. Notwithstanding the fact that the CHB benefits from fare reductions, the quality of service (travel arrangements) has increased considerably.

- The use of taxis by beneficiaries in Waswanipi and Mistassini has been reduced, due to a better organization of our transportation services.

- Better use of Voyageur Inc. to transport mail between communities; this has brought about a reduction in cost and an improvement in services.

- Implementation of a comprehensive ambulance service in Waswanipi with the cooperation of the Chicoutimi CEGEP and the Salon Funéraire Bérubé of Chapais.

- A course pertaining to Ambulance Technicians was offered in Mistassini; seven (7) individuals succeeded in passing the final exams and, with the superb cooperation and generosity of the Mistassini community (it purchased an ambulance for $33,000.00), the Cree Health Board was able to organize an ambulance service in Mistassini (run by the C.H.B.)

BUILDINGS

Projects pertaining to the construction and the upkeeping of buildings were also major preoccupations:

- Negotiations and planning for the construction of four (4) lodging units for our employees in Waswanipi;

- Interior of the Waswanipi clinic was greatly improved (painting, carpentry, etc.);

- A garage for the ambulance was built in Waswanipi;

- The interior of the old Mistassini Clinic was converted into an apartment and a transit;

- New equipment for housekeeping was purchased, mainly for Mistassini where floor surfaces are of a larger dimension;

- Most of the buildings were equiped with exterior sodium spot lights in order to increase security for persons and employees.

INVENTORY CONTROL

Systems pertaining to the control of goods were developed and implemented in Mistassini, namely in the field of drugs and medical supplies. Negotiations with the Chibougamau and Matagami hospitals took place so that our methods of purchasing drugs and medical supplies be improved.

CONSULTATION WITH COMMUNITY REPRESENTATIVES

One of the top priorities over the past year has been to increase the contacts with representatives from each community in order to improve the quality and the volume of the CHB's services. The experience was very positive and the results, without a doubt, very impressive. Be it with Band representatives or with Health Committees, meetings were held within a framework of cooperation. We look forward to pursuing this approach.

CONCLUSION

1987-88 will see the concrete institution of the Inland L.C.S.C. Special efforts will be made to strengthen the team on location. We are already ensured of the population's support.

Administratively speaking, we will try to maximize our financial resources. But, there is more. We really want the population to directly participate in the planning of programmes which it is being offered.

We want to inform local leaders on our administration; and this objective will keep on being pursued in 1987-88.

FINANCE DEPARTMENT

If any dominating factors influenced the overall performance of the Finance Department in 1986-87, they had to be related to the continued operating budget growth and also, once again, to the high turnover rate of the personnel. Although these factors did create a strain on the activities of the department, headway was made to achieve most of the objectives set for the year and the department managed to keep up with the essence of its being -- a support service for the Cree Board of Health.

The fact that funding increased by some 15% to reach $13,300,000., the number of transactions handled by the accounting and the purchasing staff have almost proportionally increased. These were admirably handled within the 19,800 working hours allotted to the department.

Turnover of personnel did however have a major impact in the course of the year, especially because of the continuity required by the activities of this department. Four (4) definitive departures (incl. one managerial) plus two (2) employee changes for new assignments - final turnover rate for 10 full time positions is 70%. All in all, everybody managed, hand in hand, to keep the essential activities of the department going. The positive result of these changes is that one more position is filled by a native rather than a non-native -- this being the key position of paymaster.

Out of the goals set for 1986-87, the highlights of achievements are:

- acquiring of data processing equipment
- implementation of reviewed policies and procedures in regards to travel, purchases and benefits for students temporarily outside the community
- setting up of workshops with managers for financial management
- reactivating of purchasing committee
- improvement over stock control and delivery procedures

The coming year will hopefully bring more stability, thus permitting the Finance Department to keep up with its main goal to improve the quality of its support to all its clients.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND
REVENUES AND EXPENSES
FOR THE YEAR ENDING ON MARCH 31, 1987

	1986-87	1985-86
REVENUES		
Grant from M.H.S.S.	$13 221 085	$10 948 741
Patients contribution	35,969	24 248
Activity Centres recoveries	69 055	68 030
Other revenues	956 608	455 982
TOTAL	$14 282 717	$11 497 001
EXPENSES		
Salaries	$ 5 498 186	$ 4 925 035
Fringe Benefits	1 491 306	1 257 223
Other Expenses	7 026 058	6 211 383
TOTAL	$14 015 550	$12 393 641
SURPLUS (DEFICIT)	$ 267 167	$ (896 640)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND
BALANCE SHEET
AS AT MARCH 31, 1987

	1986-87	1985-86
ASSETS		
CURRENT ASSETS		
Cash	$ 11 312	$
Deposits	400 000	67 298
Accounts Receivable		
- M.H.S.S.	2 269 715	972 615
- Other	131 653	82 706
Prepaid expenses and inventory	422 893	299 385
Due from other funds	0	117 914
TOTAL	$ 3 235 573	$ 1 539 918
LIABILITIES		
Bank Overdrafts	$ 549 850	$ 0
Accounts Payable and accrued liabilities	2 155 266	2 246 878
Deferred revenue	0	27 656
Due to capital fund	106 788	401 543
Due to other funds	70 846	13 152
Other	27 656	
TOTAL	$ 2 910 406	$ 2 689 229
BALANCE OF FUND (DEFICIT)	$ 325 167	$(1 149 311)
TOTAL	$ 3 235 573	$ 1 539 918

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

CAPITAL FUND
BALANCE SHEET
AS AT MARCH 31, 1987

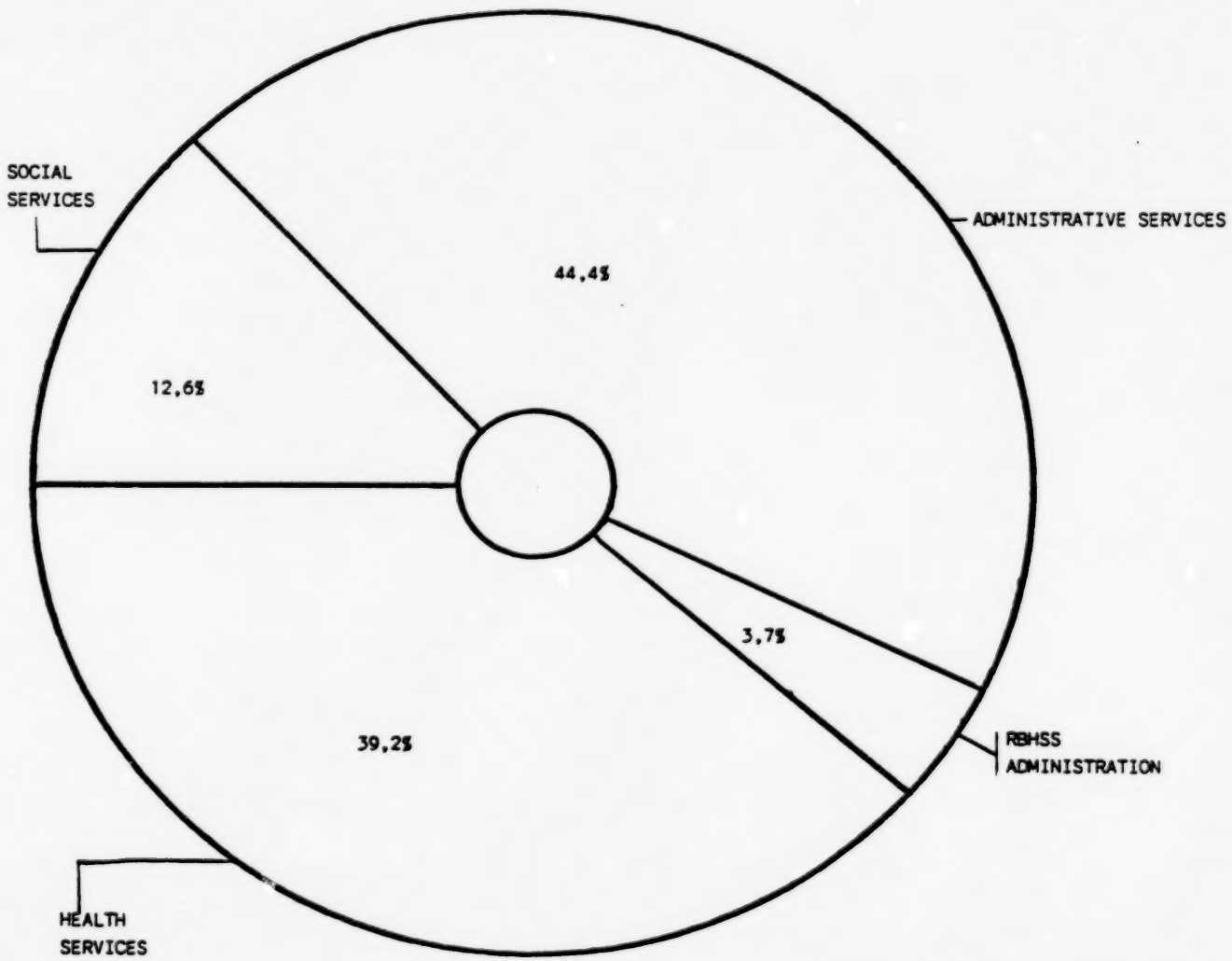
	1986-87	1985-86
ASSETS		
CURRENT ASSETS		
Due from operating fund	$ 106 788	$ 401 543
Accounts receivable	377 191	67 190
Total of current assets	$ 483 979	$ 468 733
LONG TERM ASSETS		
Buildings, leasehold improvement	659 388	597 325
Equipment	1 838 917	1 545 028
Deposit on assets	942 096	942 096
Total of long term assets	$ 3 440 401	$ 3 084 449
TOTAL	$ 3 924 380	$ 3 553 182
LIABILITIES		
Accounts Payable	$ 20 573	$ 28 421
BALANCE OF FUND	$ 3 903 807	$ 3 524 761
TOTAL	$ 3 924 380	$ 3 553 182

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1986-87

BY ACTIVITY SECTOR

TOTAL: $14,019,229



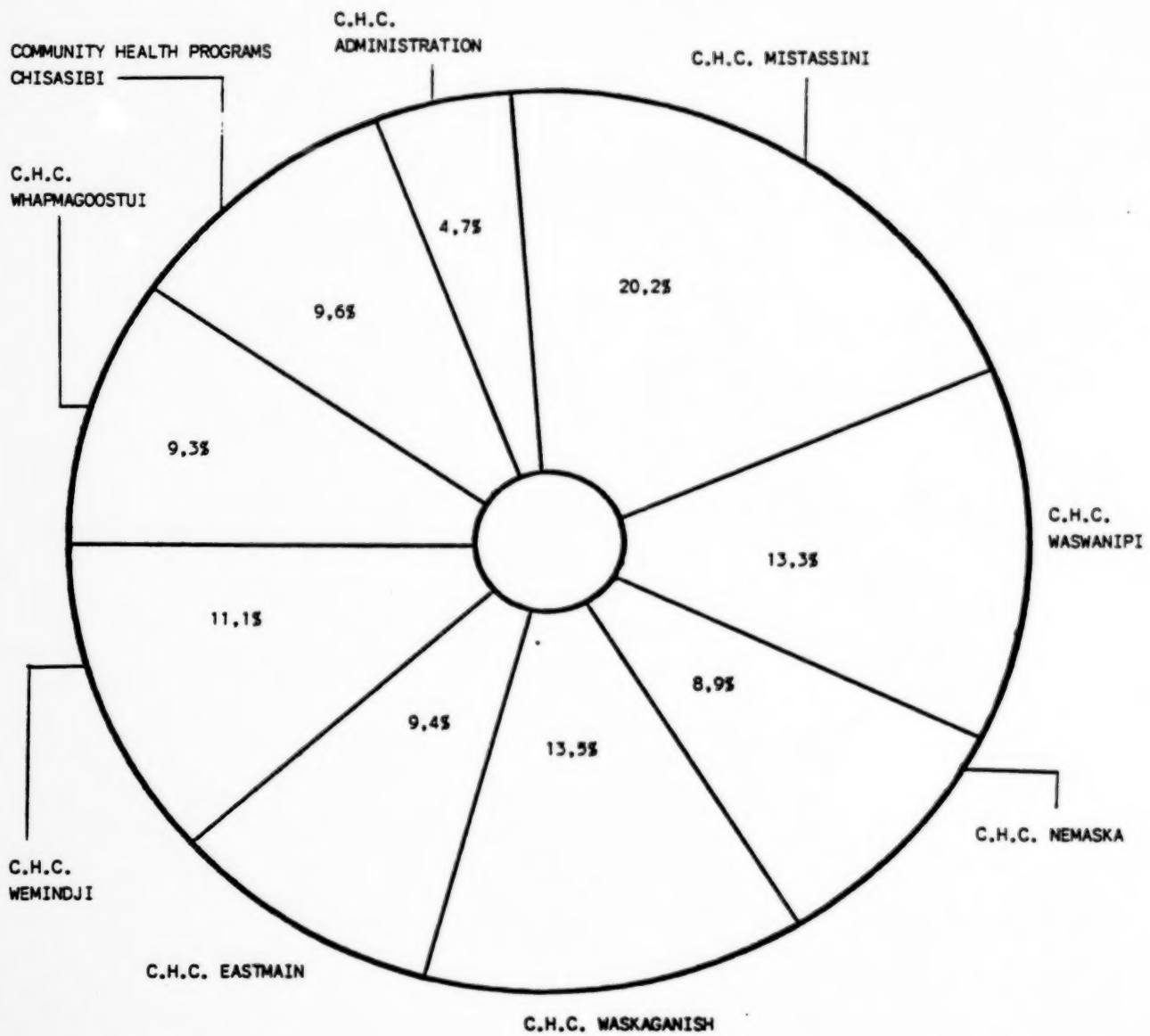
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1986-87

HEALTH SERVICES

COMMUNITY HEALTH CLINICS AND COMMUNITY HEALTH PROGRAMS

TOTAL: $2,851,874



* C.H.C.: COMMUNITY HEALTH CLINIC

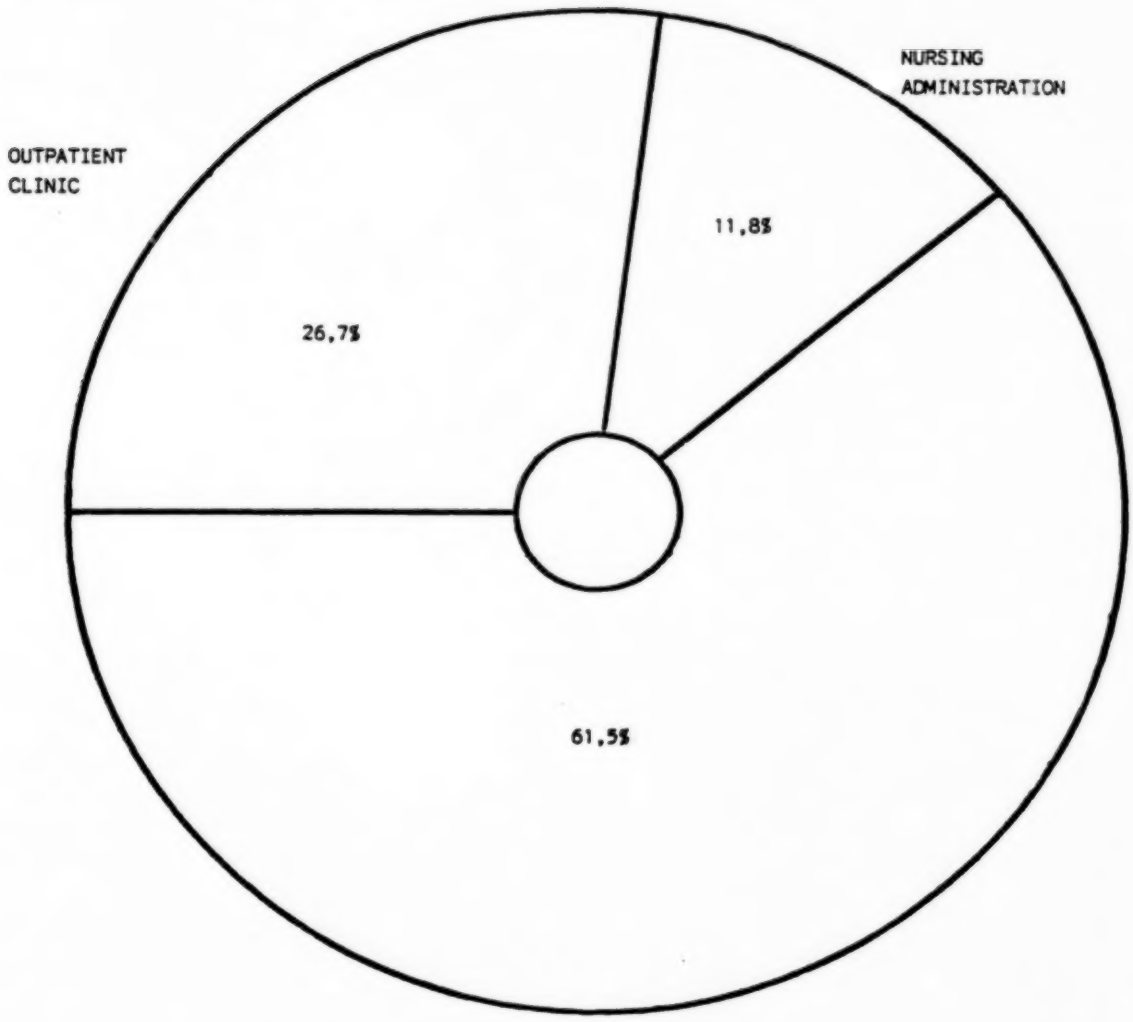
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1986-87

HEALTH SERVICES

NURSING DEPARTMENT

TOTAL: $1,414,598



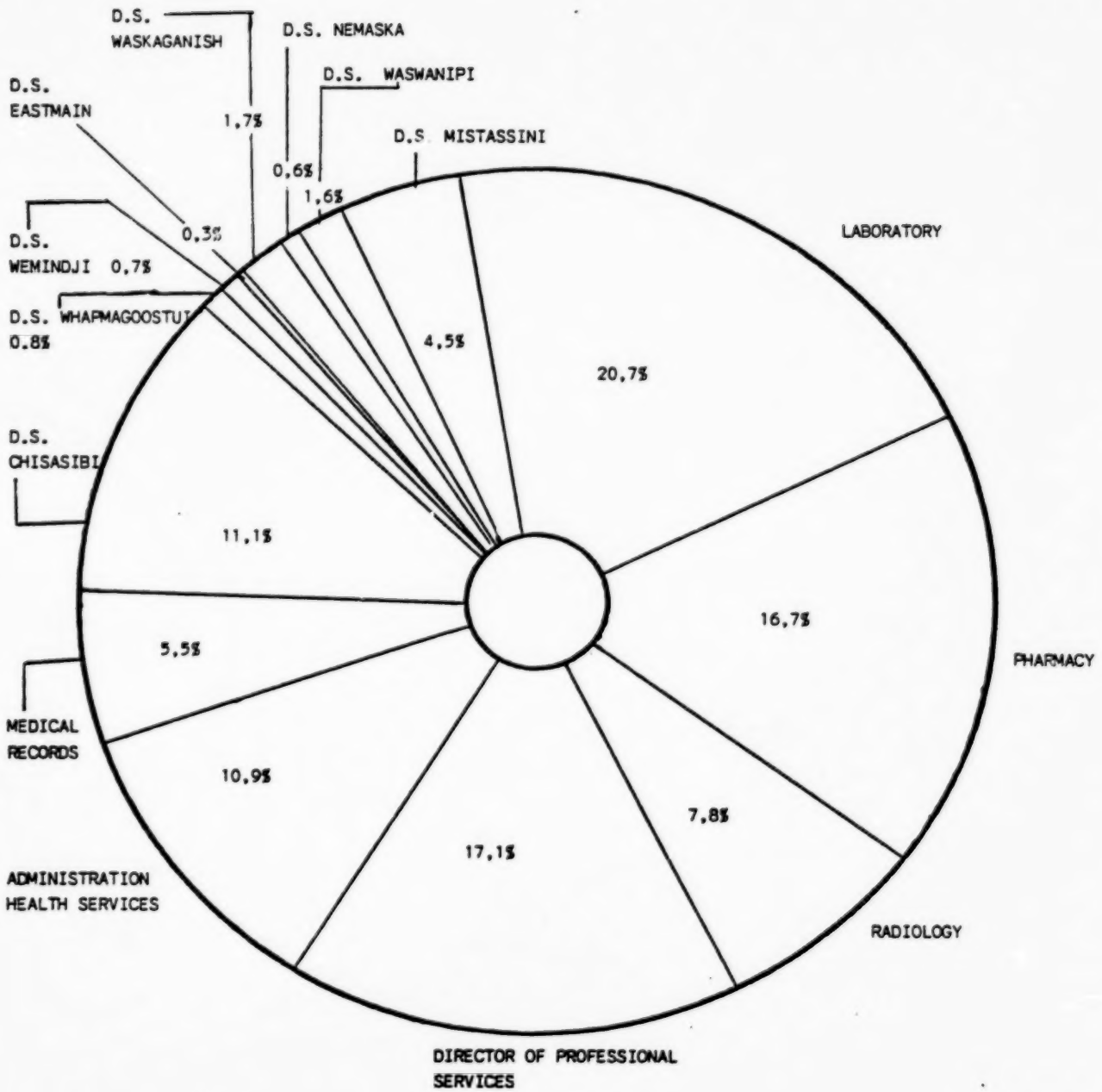
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1986-87

HEALTH SERVICES

PROFESSIONAL SERVICES

TOTAL: $1,228,011



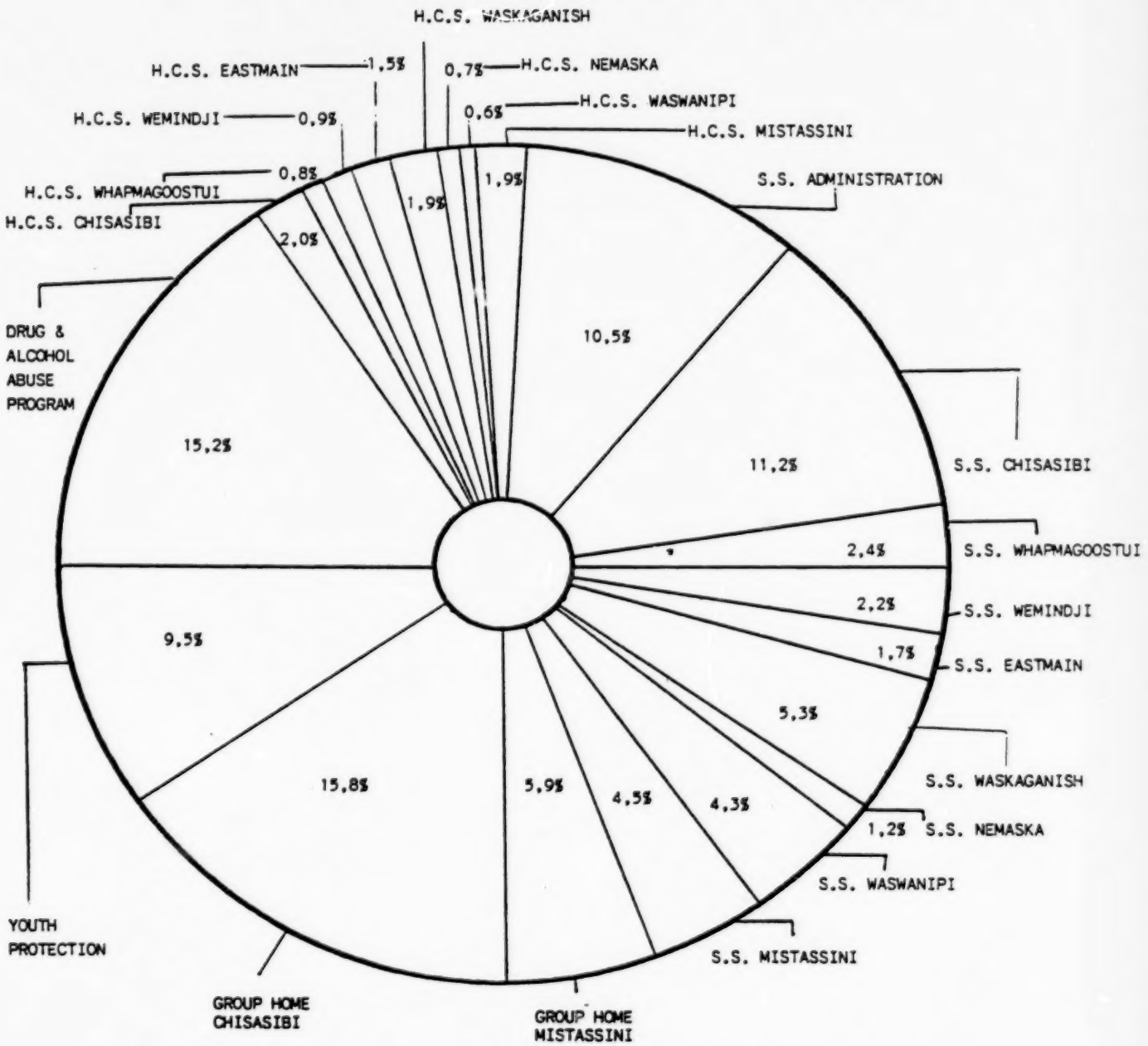
* D.S.: Dental Services

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1986-87

SOCIAL SERVICES

TOTAL: $1,769,175



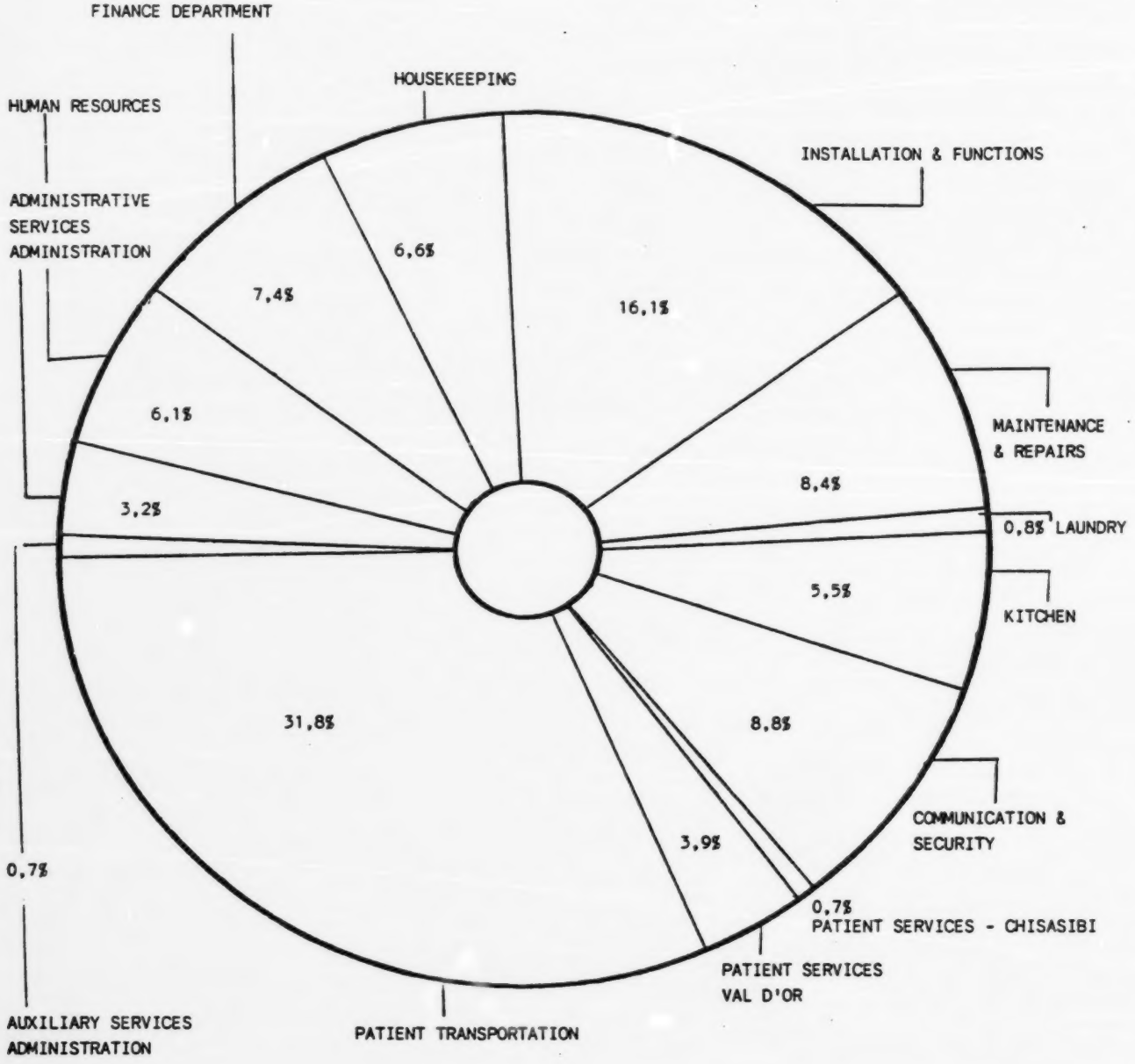
* H.C.S.: HOME CARE SERVICES
* S.S.: SOCIAL SERVICES

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1986-87

ADMINISTRATIVE SERVICES

TOTAL: $6,234,371



The eight (8) communities served by the Cree Board of Health and Social Services of James Bay are:

Les huit (8) communautés desservies par le Conseil Cri de la santé et des services sociaux de la Baie James sont:

Mistassini
Waswanipi
Great Whale
Chisasibi
Eastmain
Wemindji
Waskaganish
Nemaska